RHODE ISLAND

TITLE IV-B FFY 2017 ANNUAL PROGRESS AND SERVICES REPORT

RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

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DECEMBER 2016

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INTRODUCTION

The Rhode Island Department of Children, Youth and Families (DCYF) has combined responsibility for child welfare, juvenile justice and children's behavioral health services. The agency was created in 1980 and is statutorily designated as the "*principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children."* (RIGL 42-72-5).

DCYF is guided by strong vision and mission statements that were developed by a cross-section of the Department's staff:

Vision – *Healthy Children and Youth, Strong Families, Diverse Caring Communities.*

Mission – *Partner with families and communities to raise safe and healthy children and youth in a caring environment.*

To carry out its vision and mission, the Department provides a continuum of services ranging from community- and home-based services to residential treatment. These services address a multitude of child and family needs including child abuse/neglect prevention, child protection, children's behavioral health and education, support services for children and families in need, and services for youth with wayward and delinquent behaviors..

DCYF's combined responsibility for these populations positions the agency quite well for working in concert with other state departments, community-based agencies and family representatives to continuously develop and improve strategies through the Title IV-B Child and Family Service Plan that address fundamental needs of children and families. Responsibility for the Title IV-B Child and Family Service Plan is within the Director's Office.

GENERAL INFORMATION: DEPARTMENT COMPOSITION

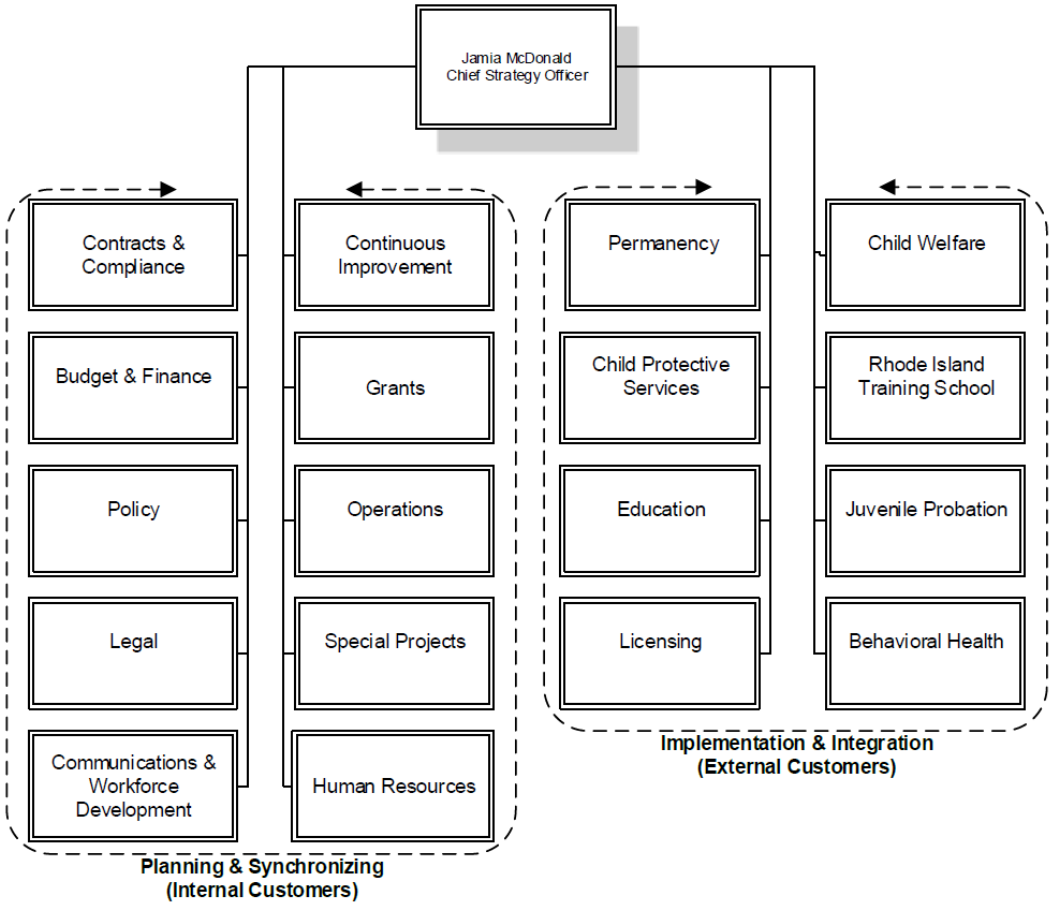
Rhode Island is the smallest state but has a population of just over one million people, making it the second most densely populated state in the country. DCYF is a state administered child welfare system with a centralized child protection operation— one of the strongest in the country with response times for investigations ranging from as immediate as 10 minutes to within 24 hours, but all of the investigations that are conducted are initiated within 24 hours. There are four regionalized offices (Figure 1) to promote a more community-based service system within the state. Each DCYF Region has a Regional Director and family service units (FSU) with social caseworkers who are responsible for case management and visitation schedules for families with cases open to the Department. Children and families are assigned to family service caseworkers on a regional basis.

FIGURE 1: COUNTY MAP OF RHODE ISLAND

Region I is the second largest family service area representing the City of Providence. Region II is the smallest region representing 10 communities along the East Bay of Rhode Island stretching from Bristol County down through Newport. Region III represents the middle and southern part of the state in Kent and Washington Counties; it is the most rural of the regions, comprising 14 communities, including the Town of New Shoreham (Block Island). Region IV includes all of Providence County except the City of Providence. Region IV includes Central Falls, Pawtucket, and Woonsocket, communities with high rates of child poverty.

Juvenile Probation/Parole officers are located throughout the state usually in close proximity, if not inside, the County court houses. Youth sentenced to probation/parole are assigned to the probation/parole office either closest to their residence or in the County in which the charges were filed. The Thomas C. Slater Training School for Youth, located in the Cranston, is the state's only juvenile correctional facility. The Department's Central Office is located in Providence. This includes the Office of the Director, Management and Budget, Community Services and Behavioral Health, Central Referral Unit, Licensing and Regulatory Affairs, Policy, Youth Development and Educational Support Services, Public Relations, Government Affairs, and Contracts and Program Development, and Legal Services. DCYF's agency functions are identified in Figure 2.

FIGURE 2: DCYF ORGANIZATIONAL CHART



COLLABORATION

Over the past year, the Department has engaged a wide range of community partners, national experts, technical advisors, and other stakeholders to solicit input on its strategy to achieve better results for the children, youth, and families in its care.

During the past year, the CSO McDonald has attended several meetings of the Rhode Island Coalition for Children and Families, a newly formed coalition of child welfare providers and advocates. These meetings are attended by leaders of many of DCYF's provider agencies and have been a vehicle for sharing information and soliciting feedback from the community.

DCYF also began to participate in the "Every Kid Needs a Family" initiative, coordinated by Rhode Island KIDS COUNT with support from the Annie E. Casey Foundation. The initiative is an effort to bring together providers, DCYF, the Family Court, and advocates to reduce the state's overreliance on congregate care. During the upcoming year, DCYF expects that this group will be an effective table for collaboration and the sharing of strategies.

DCYF also distributes a provider bulletin that serves as a vehicle for communication to providers. The bulletin includes important announcements and information about resources available to families. The bulletin is e-mailed to over 150 recipients every six to eight weeks.

On November 17-18, 2015, over 200 stakeholders joined Rhode Island's Department of Children, Youth & Families at a public summit seeking input from service providers and other stakeholders on its strategy to procure a comprehensive array of services designed to improve long term outcomes for children and families. Participants generated thousands of responses to questions posed by the Department on service needs, referral and matching strategies, education and information sharing, contract and payment structures, and collaborations to continuously improve results.

This report outlines the key themes, observations and findings which emerged from the summit, including:

- Hope for enhanced collaboration and communications between all public and private stakeholders to achieve better outcomes for children and families in care.
- Potential to strengthen the array of services available by evaluating current practices, expanding programming where gaps exist, and innovating new solutions for populations whose needs are not effectively met today.
- Improvements to the service and placement matching process through more consistent and complete information sharing and faster, clinically-appropriate decision making.

- Enhanced education and data sharing to help caseworkers better align referrals with program strengths, and help providers adjust services based on child/family needs.
- Opportunities to work with different types of contracting and payment structures that reward providers for the achievement of positive outcomes for our kids.
- Focusing contract management on performance improvements over compliance alone, with more consistent uses of data and clearer expectations for outcomes.
- Operational and clinical practices on which providers would benefit from additional technical assistance.

In May 2016, the Department partnered with Child & Family of Newport to host a two-day Child Welfare Conference for all disciplines in the State working to support families. It was attended by over 250 people. Jamia McDonald, CSO from DCYF spoke to the Department's strategies being implemented to meet the goals of the CFSR.

In October 2016 the RI family Court is hosting an Interactive Youth Focused Conference with DCYF staff attending and collaborating on the presenters and content.

The Family Care Community Partnerships (FCCPs) meet monthly with the Department to review the outcomes and strategies to best serve Rhode Island's families.

The Narragansett tribe is our only federally recognized tribe in Rhode Island. To assist with ensuring this relationship remains strong the new Administration appointed Stephen Morley as a dedicated tribal liaison within the Department. Mr. Morley has gone out to meet with Wenonah Harris and her staff on at least 4 occasions over the past year. Ms. Harris also came to DCYF and met with Jamia McDonald in October 2015 to discuss future collaborations.

DCYF SYSTEMS IMPROVEMENTS – DCYF

After several years of declining caseloads, the Department has seen an increase in the volume of families requiring DCYF intervention. Table 1 shows children on DCYF's caseload as of December 31st increased each year between FY 2012 and FY 2015. Between FY 2014 and FY 2015, the caseload increased slightly from 7,077 to 7,093 while the number of children in substitute care has leveled off.

TABLE 1: CASELOADS

As of December 31st	2011	2012	2013	2014	2015
# Active Caseloads	6,828	6,795	6,990	7,077	7,093
# Children in Substitute Care	1,988	1,947	2,013	2,090	2,089
# Children at Home	2,141	2,208	2,456	2,444	2,477

Table 1 also shows that the number of children maintained in their own homes under DCYF supervision continues to be greater than the number of children placed in foster care each year. These trend lines represent a general trend that accompanies the Department's continued focus on maintaining children safely in their homes with supportive home and community-based services. Much of this emphasis was focused on the front-end of the Department's service system – helping child protection investigators to work more diligently with families and community providers to avert families from being opened to the DCYF wherever possible and appropriate.

The Department continues to recognize the importance of ensuring children and families are systematically assessed at their initial contact with the Department. After consultation with the Annie E. Casey Foundation about Structured Decision Making (SDM), the Department has moved forward with the implementation of the model. DCYF applied for Children's Justice Act (CJA) funds to support SDM through the Children's Research Center (CRC). SDM system is a series of evidence-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families. Additionally, the SDM system will allow DCYF to better understand its data, manage limited resources, and direct resources to families most in need.

The Department has already launched the beginning phase of SDM with the Intake Assessment being implemented. SDM intake assessment focuses on two components: screening and response priority. When a report alleging child maltreatment is received, the screening component supports a workers decision of whether the situation requires a child protection response. If a response is needed, the response priority assessment assist workers in determining how quickly contact must be made with the family to begin an investigation. This helps ensure that a rapid response is initiated when there is likely to be immediate danger, while identifying those referrals that can likely be assigned for delayed response in order to better manage DCYF resources.

The next phase of SDM to be implemented is the Safety and Risk assessments. The Safety Assessment provides structured information regarding the danger of immediate harm/maltreatment to a child. The purpose of this assessment is to guide and support decisions about whether a child may remain in the home with no intervention, may remain in the home with a safety plan in place, or must be protectively placed.

The Risk Assessment is a research-based assessment that classifies families by their likelihood of future maltreatment. This assessment guides and supports decisions about case opening and intensity of services. It was developed by conducting actuarial research in several jurisdictions that examined the relationship between family characteristics and child welfare outcomes. The risk assessment incorporates a range of family characteristic's (e.g., number of prior referrals, children's ages, and caregiver behaviors) that all demonstrate a strong correlation with subsequent child abuse/neglect referrals.

ASSESSMENT OF PERFORMANCE ON NATIONAL MEASURES

Table 2 provides a summary of Rhode Island's progress in meeting national child welfare standards.

TABLE 2. NATIONAL CHILD WELFARE STANDARDS: RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH & FAMILIES, FFY2015, CFSR ROUND 3

National Standards	National Standard	Rhode Island (Risk Adjusted)	PIP
Permanency in 12 months for children entering foster care	40.4%	44.8%	Met
Permanency in 12 months for children in care 12-23 months	43.7%	43.2%	No Diff
Permanency in 12 months for children in care 24 months or more	30.3%	27.2%	No Diff
Re-entry to foster care in 12 months	8.3%	15.9%	Not Met
Recurrence of maltreatment	9.0%	14.0%	Not Met
Placement stability	4.12 moves*	2.49	Met
Maltreatment in foster care	8.04 victimizations **	16.05	Not Met
* per 1,000 days in care ** per 100,000 days in care			

Data Source: AFCARS, NCANDS, U.S. Children's Bureau risk adjusted figures for CFSR Round 3

NATIONAL STANDARDS MET:

At the time of the U.S. Children's Bureau calculations for the years calculated, Rhode Island is meeting the national standard for Permanency in 12 months for children entering foster care.

Rhode Island is performing above the national standard in placement stability. Data show that placement instability is higher among older youth and in particular, older youth in congregate care settings. The Department has been working to increase the utilization of foster family homes for all youth including older youth. Since FY12, the percent of

youth placed in family foster care settings has increased from 66.9% to 72.0% in FY16. Further, among children placed in family settings, the percent placed in kinship family homes increased from 53.6% in FY12 to 62.0% in FY16. In addition, approximately 10% of youth age 12-16, exit to guardianship that may otherwise have stayed in care and were at risk for further placement instability. The Department is the recipient of the Administration for Children and Families Diligent Recruitment Grant, A Family for Every Child. This grant is aimed at recruiting and retaining foster families and in particular to recruit and provide supports to families who can foster older youth, ages 12 and older.

NATIONAL STANDARDS STATISTICALLY EQUAL:

Rhode Island is not statistically different from the national standard for Permanency in 12 months for children in care 12-23 months or for children in care 24 months or more.

NATIONAL STANDARDS NOT MET:

At the time of the U.S. Children's Bureau calculations for the years calculated, Rhode Island's is note meeting foster care re-entry, recurrence of maltreatment and maltreatment in foster care. Rhode Island's performance on re-entry to foster care in 12 months in part is due to RI's current practice of using the child's physical reunification with their parent as the discharge from all placements date whereas most states use the date the parent's legal status is restored. Among an FY13-FY15 entry cohort of children re-entering foster care, the median length of time between discharge and re-entry was approximately 4 months. Other factors associated with elevated foster care re-entry rates are population characteristic such as age and removal reasons. As the Department includes the juvenile justice population, and adolescent behavioral health, these factors are also known to be associated with elevated foster care re-entry rates. We had discussed this practice with the ACF Regional Office and have reviewed our policy and determined that state statute and departmental policy does not currently support the implementation of "trial home visits." The Department continues to engage in internal discussions to determine whether or not this policy change is something that will be pursued.

Our data shows that older youth experience higher rates of reentry and older youth have higher rates of child behavioral issues. Among a FY13 entry cohort, approximately 56% of children re-entering out-of-home placement in FY13-FY15 within 12 months of discharging to reunification, guardianship or living with a relative(s), were age 12 and older at the time of removal. Among those youth age re-entering, approximately 91% were removed due to child behavior. The lack of intensive home based behavioral health services reduces the likelihood that children will remain in the community after discharge from placement. The Department is working to increase availability of intensive home-based behavioral health services through the use of two federal grants to address this concern, including the Diligent Recruitment and Adoption Well-Being After Trauma grants. In FY15, the Department and providers collaborated to implement evidence-based or evidence-informed programs both for community based and congregate care settings. Among those programs are Trauma System Therapy (community-based), Positive

Parenting Program (Triple P), Alternative for Families – Cognitive Behavioral Therapy (AF-CBT), and Trauma Focused Cognitive Behavioral Therapy, Teen Assertive Community Treatment (TACT), Family Centered Treatment (congregate care), and Trauma System Therapy (congregate care). Both FCT and TST residential models engage family engagement and involvement with the youth while in their placement setting with the goal of supporting and preparing families for reunification. These programs added to services in the array such as within Multi-systemic Therapy (MST)(community based) and for congregate care, Parenting with Loving Limits (PLL) . As these services are less than a year in their implementation and some of the programs required at least 6 to 8 months to scale up, the Department plans to evaluate the impact of these programs in the Fall of CY2016.

The Department evaluated the impact of home-based services where there was a sufficient sample size to evaluate outcomes. The timeframe includes 2012-2014 entry cohorts and followed the youth for 12 months and included the following programs: 1) Enhanced Family Support Services, 2) Multisystemic Therapy, 3) Preserving Family Networks, 4) Outreach and Tracking and 5) Family Preservation. Program outcomes included: 1) Time to removal, 2) Time to CPS Investigation, 3) Time to Indicated Maltreatment, and 4) Time to RI Training School stay. A survival analysis with right censoring was conducted and a log rank test for statistical significance between program outcomes. Among the 5 combined programs, 69% of children remained in-home at 12 months. Among the two programs servicing children 11 and younger, 77% of children did not have a CPS investigation at 12 months and 91% did not have an indicated maltreatment at 12 months. Among the programs aimed at youth 12 and older, 86% of youth did not have a RI Training School stay.

There are some limitations to evaluating these programs in terms of a secure and efficient mechanism for providers to submit data. The Department's MIS is not web-based and presents challenges to obtain data from multiple providers in a secure and efficient manner.

The Department is working to increase availability of intensive home-based behavioral health services through the use of two federal grants to address this concern, including the Diligent Recruitment and Adoption Well-Being After Trauma grants.

Recurrence of maltreatment is an area requiring improvement. The Department has and continues to examine the factors associated with recurrence of maltreatment and recognizes those factors are associated with both macro and system level factors. On the macro level, poverty places burdens on families and places them at greater risk to experience maltreatment. In RI the two leading maltreatment types In FFY15 were neglect, approximately 56%, and emotional abuse, approximately 39%. In examining factors associated with maltreatment and repeat maltreatment, children in low socio-economic households marked by receipt of public assistance or a history of financial or housing problems had higher odds to experience another substantiated case of maltreatment than children from non-poor households. Another macro-level factor associated with increasing burden on families, maltreatment and repeat maltreatment is single, female-headed households. The Department's data analysis revealed children in single, female-house households had higher odds of repeat maltreatment than those who

were not. On the macro-level, the Department works under the umbrella of the Executive Office of Health and Human Services (EOHHS) to support our sister state agencies in their direct efforts to address poverty issues through enhanced child care subsidies, collaborative efforts to provide workforce development training and improve employment outcomes and to address the housing needs of our clients. On the system-level, the Department's implementation of SDM is providing enhanced structure and objectivity to investigations and their findings.

Maltreatment in foster care is an area requiring improvement. The Department has conducted studies and analysis as to the factors associated with elevated maltreatment in foster care. Some of the factors found to be associated with maltreatment in foster care include: a) family foster care setting; b) kinship foster families, kinship families where "spanking" was acceptable prior to the grandparent having custody; c) licensing infractions in congregate care rather than and maltreatment event. For example, if a staff member arrived late and the staff to youth ratio was violated, all youth in the congregate care setting were indicated for neglect, maltreatment. Subsequent to this analysis, the Department enhanced training in these areas with providers as well as with Department staff in CPS and licensing.

The Department plans to expand the use of SDM Department-wide, to standardize the assessment process that will aid workers in identifying safety and risk needs and appropriately match and tailor supports and services. The Department is moving forward with plans to implement SDM and evaluate the impact of SDM on multiple points in the CPS trajectory including (yet not exhaustive): a) change in number of investigations; b) change in number of indicated investigations; c) change in Information Referrals; d) change in the number of repeat maltreatment; e) change in the number of removals due to a CPS investigation; and f) change in the number of maltreatment in foster care across the levels of care.

WELL BEING INDICATORS

The Department assesses well-being among children and youth in multiple ways, one primary method is through the Administrative Review Unit (ARU) reviews of out of home children and caseworker supervisory reviews through monthly random review of an in home case by a caseworker supervisor and a quality assurance review process. (See Table 3). The purpose of these reviews is to supplement the quantitative data collected in RICHIST of face-to-face monthly visits, provide qualitative data on well-being and family engagement as well as provide foster parent, biological parents opportunity to engage with the ARU staff and provide first hand feedback. Historically with these case reviews as well as with the Children's Bureau CFSR, the out-of-home population shows greater percentages of "strength" than the in-home population (See Table 3). Table 3 presents data over three timeframes, 3 years of data for the same quarter.

To ensure quality assurance of the supervisory reviews of in-home youth the Department's quality assurance specialists independently reviews all supervisory reviews. A second way to assess well-being is quantitative data tracked in RICHIST on the percent of youth in-home and out-of-home who are receive monthly visits (See Table 3). The Department has been tracking the out-of-home visits for a longer period of time

than the in-home population. However, the method to track and report the in-home population is the same as the out-of-home population as required by the Administration for Children and Families. (Please see CQI description for full description of the process.)

Well Being 1 – Rhode Island continues to perform better with assessing mother's needs and child's needs compared to father's needs over the three time periods among the in-home populations. There is less variability among mother, child and father needs assessment within the out-of-home population. The Department is currently exploring the factors associated with the discrepancy between in-home and out-of-home on the well-being 1 indicators involving comprehensive assessment of the family, securing services to address needs and family involvement with service planning.

Well Being 2 – Data regarding the educational needs of children and youth in-home show an increase in FY15 quarter compared to FY14 quarter. As this is only two points in time, the Department will await another year of data to determine if this is an upward trend. The out-of-home population demonstrate no change over the three timeframes and as previously noted, a much higher percentage of "strength" in this area compared to the in-home population.

Well Being 3 – The physical and dental health of children and youth in-home show as decrease over the past two years while the mental health with this same population shows improvement in this area (See Table 3). The Department is exploring potential reasons associated with these changes. As stated in Well-Being Items 1 and 2, the sample size is very small for the in-home population. For this reason it would not be appropriate to generalize these findings to the larger in-home population. The out-of-home population is rated higher compared to the in-home population. The Department, in collaboration with providers administers the Ohio and Ages & Stages Social Emotional, and the Child and Adolescent Needs and Strength (CANS) assessment to children in youth in congregate care and specialized foster care (See Appendix A). The CANS provides an assessment of strength and needs of the children/youth and caregivers that assists in individual service planning, appropriate level of care, as well as population needs system-wide. The CANS achieves the population needs through the state CANS algorithm developed in collaboration with The Consultation Center at Yale (See Appendix A). The algorithm is based on child behavior and child risk factor CANS domains and allows the Department to see on a system level when children and youth may be placed in a level for care more restrictive than the CANS ratings. Most recently (April 2016), the Department's Central Referral Unit implemented an abbreviated version of the CANS to provide a systematic measure to aid in the appropriate level of need placement. The Department implemented this measure to address the gap in the non-congregate care and non-specialized foster care populations.

TABLE 3: WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16

Percentages are those rated as "Strength"

	In-home			Out of Home		
Well-being Indicator	**11/1/13 - 1/31/14 n=60**	**11/1/14 - 1/31/15 n=59**	**11/1/13 - 1/31/16 n=57**	**11/1/13 - 1/31/14 n=244**	**11/1/14 - 1/31/15 n=233**	**11/1/13-1/31/16 n=274**
Comprehensive Assessment and Services to Address Needs						
Mother	64%	66%	61%	98%	100%	99%
Father	26%	23%	37%	97%	99%	96%
Child(ren)	73%	66%	72%	100%	100%	99%
Involvement in Case Planning						
Mother	54%	69%	54%	94%	94%	93%
Father	21%	20%	30%	94%	90%	93%
Child(ren)	55%	71%	70%	97%	93%	94%
Caseworker Visits						
Mother	41%	59%	44%	99%	99%	98%
Father	18%	15%	24%	98%	96%	95%
Child(ren)	33%	73%	65%	97%	97%	94%
Educational Needs of Child(ren)						
	74%	60%	71%	99%	98%	98%
Physical/Dental Needs of Child(ren)						
	42%	30%	22%	98%	97%	100%
Mental/Behavioral Health Needs of Child(ren)						
	63%	51%	67%	99%	98%	98%

Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.

Adopt Well-Being Rhode Island

The Adopt Well-Being Rhode Island Initiative, funded through the Administration for Children and Families, Children's Bureau, Grant # 90C01117-01-00, is a partnership between the Rhode Island Department of Children, Youth, & Families, Family Service of Rhode Island, Adoption Rhode Island, and The Consultation Center at Yale University that seeks to improve the overall standard of care in the child welfare and mental health systems in Rhode Island.

The Adopt Well-Being Rhode Island Initiative is a collaborative process integrating multiple system reforms in an effort to achieve the main goals of the project. These goals are focused on improving the overall well-being of children and families through the implementation of a trauma-informed, adoption-competent approaches to well-being and permanency outcomes. This approach seeks to improve overall child well-being which in turn will have a positive impact on issues related to placement stability, right-sizing congregate care, as well as matching children and youth to the most appropriate service. This system transformation will be achieved through the implementation of the following:

- Universal Screening and Assessment System for Trauma
- Guidelines for Providers and Families around Trauma-Informed, Adoption-Competent Practice
- On-going Functional Assessment of Child Well-Being
- Data-Driven Case Planning that is Trauma-Informed and Adoption-Competent
- Alignment of Service Array to Include Evidence-Based or Evidence-Informed Treatments that match the needs of the target population
- Training & Support for Youth, Professionals, Resource and Adoptive Parents
- Cost Study Analysis of proposed activities

The target population for this project begins with children waiting to be adopted, and those who are adopted during the course of the grant time-line. The deliverables will be scaled-up in subsequent years so that the wider child welfare population will benefit as well.

Current Implementation Activities:

- Piloting of the following screening tools is occurring in two Family Support Units:
    - Connecticut Trauma Screen
    - Pediatric Symptom Checklist-17
    - CRAFFT
- Exploration of expansion of screening pilot and looking at integrating assessment
- Integration of screening and assessment data into case planning
- Plan developed for dissemination of Adoption Competent Training state-wide
- Continuation of dissemination and evaluation of the Child Welfare Trauma Training Toolkit for child welfare staff and community providers
- Delivery and evaluation of the Resource Parent Curriculum to train resource parents how to respond to children who have been impacted by trauma
- On-going analysis of adoption related data (pre-adoptive placement, disruptions)
- Plan to re-administer the Trauma System Readiness Tool in early summer 2016

- Working with the training department to address Secondary Traumatic Stress training dissemination
- Collaboration with DCYF Peer Support team to address Secondary Traumatic Stress
- Further exploration of implementation strategies to implement trauma-informed, adoption competent child welfare practices

Adopt Well-Being Rhode Island Evaluation Activities:

1. Adoption Surveillance Data

During planning phase, the evaluation team analyzed administrative data associated with adoption outcome indicators (e.g. adoptions by year, children waiting for adoption, adoption disruptions, removals from adoptive home, adoption dissolutions and outcomes post-TPR) and reported the findings in Adoption Surveillance Report: November 2014. The evaluation team is continuing to monitor these indicators and the Adoption Surveillance Report is updated with the most recent data as of March 2016 (see Appendix B). Adoption disruption has not been updated this time as the evaluation team is still in process of implementing more systematic ways to monitor pre-adoptive placements. Some of the changes to be noted from the previous report include:

- increase in percent of adoption among children exiting care
- increase in percent adopted within 24 months of entering care among children exiting care to a finalized adoption
- decrease in median length of time between child entering care and adoption
- increase in percent adopted from relative foster family home and decrease in percent adopted from non-relative foster family home

2. Outcome Evaluation for Child Welfare Trauma Toolkit Training (CWTTT)

Workforce development comprises a significant component of the implementation plan submitted to ACF by AWBRI, including implementation of the CWTTT. The CWTTT is a comprehensive 2 to 3 day curriculum developed by the National Traumatic Stress Network (NCTSN) to promote trauma-informed practices among child welfare and affiliated child- and family-serving agencies. Prior research has demonstrated its effectiveness at increasing trauma-related knowledge, skills, and practices among managers, supervisors, and frontline staff (Conners-Burrow et al., 2013; Kramer et al., 2013). AWBRI received permission to begin delivery of this implementation activity prior to full approval of the implementation plan submitted to ACF.

To assess outcomes for the CWTTT implementation with DCYF and other agency staff who participate the evaluation team is implementing a within-sample repeated measures survey design in which training participants complete assessment measures at pre-test, post-test, and 3-month follow-up via web-based (i.e., Qualtrics) or paper-and-pencil versions of the survey. Assessment measures examine knowledge and attitudes about the impact of trauma on children, awareness of trauma-related resources, and abilities to conduct trauma screening or assessment procedures, respond to children evidencing trauma exposure, and make appropriate decisions about referrals. The post-test and 3-month follow-up survey will assess changes in

knowledge and practice; and will ask participants to develop and report on a 'Trauma Action Plan' detailing strategies to incorporate content from the training into their work role. As part of the Toolkit evaluation, the evaluation team will gather qualitative ratings of action plan implementation barriers and facilitators for all DYCF managers, supervisors and directors and Rhode Island community mental health providers completing the 3 month follow up survey This follow up will assess the durability of any outcomes achieved. Participant surveys are linked using a unique caseworker identification number that DYCF assigns to all workers.

Pre-test data was collected from 107 participants over the first six CWTTT cohorts offered through the AWBRI beginning in December, 2014. Post-test data was collected from all six cohorts for 91 participants beginning in January 2015. Three-month follow-up data collection was initiated in March, 2015 and is currently underway with 38 surveys completed.

Preliminary pre-post data from the first six cohorts was analyzed, including 84 respondents with both pre and post-training data. The majority of participants (55%) were from DCYF, with the remaining 45% coming from various behavioral health provider settings; 8% were in director/administrator roles, 20% were managers/supervisors, and 54% were in caseworker or clinical staff roles. Key findings, to date, include:

- Statistically significant gains (for both pre- to post-training and pre- to follow-up survey) in participant ratings of: exposure to trauma-related content and information, general trauma-related knowledge, and specific trauma-related training information.
- Statistically significant gain (pre- to follow-up) in supervision of trauma-informed assessment practices; no change to perception of trauma-informed systems practices, direct supports to children (caseworkers/clinicians), or supervision of trauma-informed practice (supervisors). Given low response rate for follow-up, these effects are considered very preliminary and warrant ongoing data collection and analysis. The evaluation team is exploring strategies to enhance response rates for the 3-month survey.
- Evaluation data was also gathered with respect to participant Action Plans to integrate CWTTT into work roles. The majority indicated prioritization of efforts to: identify trauma-related needs in children and families (64.3%), partner with agencies and systems that interact with children and families (39.3%), address issues of physical and psychological safety for children and families (36.9%), or enhance family well-being and resilience (35.7%). Follow-up data will examine reported facilitators and barriers to Action Plan implementation and ratings of effects.

3. Trauma Screening Pilot Implementation

The evaluation team worked with DCYF and grant partners to initiate a pilot study in one DCYF region using the identified trauma and behavioral health screening instruments. Data to be gathered through this pilot includes: (1) child-level screening data using the Connecticut Trauma Screen (CTS; Lang & Connell, 2014), Pediatric Symptoms Checklist (PSC-17; Gardner et al., 1999), and the CRAFFT (Knight et al., 1999). The CTS is a brief measure of trauma exposure and symptoms, the PSC-17 is a brief screener of internalizing and externalizing symptoms, and the CRAFFT is a brief screener of substance use-related problems. In addition, a brief (13-item) set of questions developed by Dr. Connell for another ACF-funded evaluation (CONCEPT, HSC # 1210010913) is also being completed by

caseworkers to assess their experiences using the tools and provide informative implementation data to guide subsequent expansion of these tools to other units.

The pilot was initiated, with training of unit staff completed in September 2015. To date, a total of 24 pilot screening packets were completed prior to March 30 (additional screening data collection will be carried out through this pilot during the next reporting period). A preliminary summary of the first 22 screens completed is summarized below. Among this group, 22 caregivers completed the Caregiver CTS and 20 youth completed the CTS Self-Report, with 18 caregiver-child pairs providing both versions. A total of 16 caregivers completed the PSC-17, and a total of 8 youth completed the CRAFFT. The average age of the child being assessed was 10.6 years (s.d.=3.8 years) and 54% were male. Reunification was the primary case goal for 33% of youth; adoption was the primary case goal for 21% of youth, and the secondary case goal for 63% of youth; 13% had "other" as the primary case goal.

Table 4 summarizes Caregiver and Youth responses to the CTS exposure items. The mean number of incidents reported by caregivers was 1.8 (sd=1.3); 22.7% reported exposure to no traumatic incidents, 18.2% to one, 22.7% to two, 31.8% to three, and 4.5% to four traumatic incident types. For youth, the mean number of incidents reported was 1.5 (sd=1.0); 15.0% reported exposure to no traumatic incidents, 40.0% to one, 25.0% to two, 20.0% to three, and 0.0% to four traumatic incident types. The most prevalent exposure type for both caregiver and youth responses was "Other". For caregiver reports, the most common "other traumatic experience" types included death of a family member (44%) or separation from caregivers (33%). For youth, only 8 provided information about the other traumatic incidents, with 25% indicating death of a family member, 25% indicating "being yelled at", and 38% indicating being separated from parents.

Table 4. Caregiver and Youth Trauma Exposure

	Caregiver Data (CTS) n=22		Child Data (CTS-Y) n=20	
	Mean	SD	Mean	SD
Overall Count	1.8	1.3	1.5	1.0
CTS Exposure Item	N	%	N	%
Witness violence	12	54.5	6	30.0
Victim Physical (e.g., hit, punch, kick, object)	9	40.9	6	30.0
Victim Sexual (e.g., touched inappropriately)	3	12.5	4	20.0
Victim Other (e.g., other upsetting/scary incident)	15	62.5	14	70.0

Table 5 summarizes CTS and CTS-Y trauma symptom and reaction score responses. The mean Reaction Score reported by caregivers was 3.8 (sd=4.2); 27.3% reported no trauma-related

symptoms. Youth reported a lower overall rate of trauma symptoms with a mean Reaction Score of 3.2 (sd=2.9); 10.0% reported no trauma-related symptoms. Difficulty concentrating was the most frequently reported symptom by caregivers, and strong feelings in the body was the most frequent symptom reported by youth. It is important to note that youth reports were limited to those 7 and older, while caregiver reports extended as low as age 5. Internal consistency of Reaction Score items for caregivers was good (alpha 0.80). Internal consistency of Reaction Score items for youth was poor (alpha 0.40)—significantly lower than has been observed in similar implementations of the CTS, to date.

Table 5. CTS and CTS-Y Trauma Symptom Responses

	Caregiver Data (CTS) n=22		Child Data (CTS-Y) n=20	
	Mean	SD	Mean	SD
Reaction Score	3.8	4.2	3.4	2.9
CTS Symptom Items (Any Positive Symptom Response)	N	%	N	%
Strong feelings in body	8	36.3	9	47.4
Avoid people, places, reminders	6	27.3	7	36.9
Trouble feeling happy	8	36.3	5	25.0
Trouble sleeping	8	36.3	6	30.0
Difficulty concentrating	10	45.5	5	25.0
Not close to people	6	27.2	2	10.0

Table 6 summarizes caregiver responses to the PSC-17. Over one-third exceeded the cut-point indicating a need for further assessment based on the total score (37.5%), as well as the cut-point for internalizing symptoms (37.5%). Fewer youth exceeded the cut-point for externalizing symptoms (31.3%) or attention problems (25.0%).

Table 6. Pediatric Symptom Checklist Responses

	Caregiver Data n=16		Above Cut-point	
	Mean	SD	#	%
Total Score	12.2	10.1	6	37.5
Internalizing Symptoms	3.0	2.4	6	37.5
Externalizing Symptoms	5.5	4.8	5	31.3
Attention Symptoms	3.4	3.5	4	25.0

Table 7 summarizes youth responses to the CRAFFT; only 8 youth have completed this screen to-date, so caution is advised with respect to generalization of results. Among respondents, two (25%) reported a history of alcohol or drug use, and both met criteria for a referral for further

assessment. Two additional youth indicated no history of use but had ridden in a car with someone who had been using alcohol or other drugs.

Table 7. CRAFFT Responses

	Youth Data n=8	
	#	%
Use Alcohol	1	12.5
Use Marijuana	1	12.5
Use Other Drugs	2	25.0
	Mean	SD
Total Risk Score	0.9	1.1

Table 8. Screening Implementation Questions

	Caregiver Data n=11		Child Data n=12	
	Mean	SD	Mean	SD
1. Time to administer (minutes)	7.4	3.6	7.6	3.1
2. Time providing services to child/family (months)	10.9	9.9	8.0	8.7
	N	%	N	%
3. Identify new trauma history (% Yes)	1	9.1	2	16.7
4. Identify new trauma reactions (% Yes)	4	36.4	5	41.7
5. Identify new behavioral or substance use symptoms (% Yes)	1	10.0	3	25.0
6. Screening impact on engagement:				
Helped	1	9.1	2	16.7
No Effect	10	90.0	10	83.3
Hindered	0	0.0	0	0.0
7. Enhance understanding of child/family needs (% Yes)	2	18.2	3	25.0
8. Seeking consultation based on trauma screen results? (% Yes)	5	45.5	6	50.0

9. Seeking consultation based on behavioral/substance screen results? (% Yes)	2	18.2	4	33.3
10. Screen results change treatment plan? (% Yes)	0	0.0	1	9.1
11. Child/Caregiver uncomfortable with screening				
None	9	81.8	3	25.0
A Little	2	18.2	2	16.7
Some	0	0.0	4	33.3
A Lot	0	0.0	2	16.7
Extremely	0	0.0	1	8.3
12. Manage discomfort without support? (% Yes/NA)	11	100.0	12	100.0
13. Filed child abuse report based on screen? (% Yes)	0	0.0	0	0.0
14. Ease of administration				
Very Easy	5	45.5	3	25.0
Easy	1	9.1	4	33.3
Neither Easy nor Difficult	5	45.5	5	41.7
Difficult	0	0.0	0	0.0
Very Difficult	0	0.0	0	0.0

Table 8 summarizes caseworker responses to the screening implementation questions. Caseworkers provided implementation information for only 60% of completed youth screens and 50% of completed caregiver screens. Caseworkers had been working with this implementation sample for an extended period (over a year) prior to screen administration, so these implementation experiences may differ from those conducted at intake to services. The screening process was relatively brief, taking less than 8 minutes to administer (7.4 minutes for caregivers, 7.6 minutes for youth). New information about the child's trauma history was learned from caregiver report about 9% of the time and from child report nearly 17% of the time; new information about the child's trauma symptoms was learned from caregivers over 36% of the time and from youth nearly 42% of the time. In addition, new behavioral concerns were learned about from caregiver report in 10% of screens, and new substance use concerns were identified in 25% of child screens completed.

Caseworkers indicated that the screening process was generally positive or neutral experience for caregivers and youth. For about 9% of caregivers and 17% of youth, completing the screen enhanced engagement and for the remaining respondents no noticeable effect was observed. The majority of caregivers (82%) experienced no discomfort with the screening questions, and 18% experienced 'a little' discomfort. For youth, about 25% experienced no discomfort and 50% experienced 'a little' to 'some'. Three youth (25%) experienced more significant discomfort with the screening process. However, no respondents caregivers or youth,

experienced levels of discomfort with which the caseworkers were unable to manage.

Finally, caseworkers generally reported that the screening tools were 'easy' or 'very easy' to administer (55%-58%), or neither easy or difficult (42% to 45%), and none reported finding them difficult to use.

4. Outcome Evaluation for NCTSN Resource Parent Curriculum (RPC) Initiated

In addition to the CWTTT, a key aspect of AWBRI training efforts is the dissemination of the NCTSN Resource Parent Curriculum (RPC) to enhance the capacity of foster and adoptive caregivers to provide trauma-informed care to youth. The RPC, developed by the NCTSN, is intended as an 8-week training program, but based on feedback from other states, AWBRI is implementing as a 4-week curriculum. To assess outcomes for the RPC implementation for participants, the evaluation team is using a within-sample repeated measures survey design. Members of the NCTSN at Duke University have developed a brief participant survey and fidelity tools that are being used by the evaluation team. The self-report survey measures the following domains: (1) trauma-informed parenting, (2) tolerance of misbehavior, and (3) parenting self-efficacy. Participants will also provide basic demographic and background information, complete a brief weekly training fidelity checklist, and rate satisfaction with training experiences. Surveys are completed at pre-test, post-test and 3-month follow-up using a web-based interface (i.e., Qualtrics). Participant surveys will be linked to administrative data using a unique identification number so that we can evaluate longer-term placement experiences for participants.

Pre-test data was collected from 16 participants for the first RPC cohort offered through the AWBRI (beginning in January 2016). Post-test data was collected from 10 participants, with 9 participants providing both pre- and post-test data.

Preliminary pre-post data from the first 8 participants providing complete data (the 9th participant data was delayed and not included in the initial evaluation results) revealed significant improvements in resource parent ratings of trauma-informed parenting ($t=-2.51$, $p=.04$) and parenting efficacy ($t=-2.44$, $p=.05$), but no significant change in tolerance of misbehavior ($t=-1.73$, $p=.13$). Ratings of training experiences were quite favorable. As more data is collected, increasing the evaluation power, we will continue to monitor these change scores.

In probation, work is active in the areas of implementing a validated and reliable assessment that spans juvenile justice from probation to the Rhode Island Training School. The Department was awarded a Risk Assessment and Behavioral Health Screening (RABS) grant and is working with the University of Massachusetts' School of Medicine on implementation. UMass Medical and Juvenile Correctional Services have identified, obtained, trained and implemented a set of tools that will help the Division assess the risk and needs levels of the juvenile probation population. On July 1st 2015 Juvenile Probation started using the SAVRY risk/needs assessment and two behavioral health screens, the MAYSI-2 (Mental Health) and the CRAFTT (Substance Abuse), on all new cases opening to Probation. The Rhode Island Training School has historically used the MAYSI-2 on all youth entering the facility. They are now completing SAVRY reassessments on all youth sentenced to the Training School who have had an initial SAVRY. JCS is still working with the Family Court in order to incorporate this assessment process into the Pre-Adjudication Process with the intention that the assessment process will be

ordered at a critical point in the case at the discretion of the Judge. A Pilot of the project will roll out in the Providence Family Court. The SAVRY has been incorporated into the RICHIST system as of October 2015, and all Probation Offices now have designated computers with MAYSIWARE installed.

PERFORMANCE ON CFSR SYSTEMIC FACTORS

In the 2010 Child and Family Service Review, DCYF was rated in substantial conformity on five of the seven systemic factors: Statewide Information System, Quality Assurance System, Staff and Provider Training, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment and Retention.

The current status of these systemic factors is:

STATEWIDE INFORMATION SYSTEM

RICHIST continues to be a valuable information tool to the Department. RICHIST has maintained the ability to track and identify the status, demographics, location and service plan goal for the placement of children in foster care. The location of a child's whereabouts is recorded in RICHIST regardless of whether the child is in a paid, unpaid, unlicensed, or voluntary placement. Limitations of RICHIST are due to the fact that this is a 17 year old system and while is currently supports the functional requirements of the department (tracking placements, service plans, costs, demographics, outcomes, etc.), it is limited in its ability to support a mobile, field-based workforce. To that end, the department has discussed with ACF and internal state IT the feasibility of developing a proof of concept (POC) and a pilot program that would support a mobile field-based workforce. After receiving approval from ACF and RI Division of Information Technology Project Review Committee, DCYF proceeded to develop a proof of concept and a pilot application tied to the web-enabling the Case Activity Notes (CANS) module within RICHIST. This module was specifically identified for this POC and pilot due to the numerous requests from casework staff to have the ability to enter CANS during visitations, time lost during waiting in Family Court, and other offsite meetings. This web enabled pilot application took three months to develop and will launch at the end of June 2016 for a two month period. During this time, pilot staff will have access to the latest broad band Latitude tablets from Dell and will access the web-enabled CANS from the field. Pre, Interim and Post Assessments will done of the pilot staff as well as focus groups at the midpoint and end of the pilot to determine what works and what challenges need to be addressed. The Department is also exploring the feasibility of becoming a State-led CFSR and related to the plans to have ARU validate some of the demographic accuracy of the data in RICHIST or use a random survey (monthly or quarterly) to Department caseworkers to validate the demographic data. The decision for CFSR State-led is currently being reviewed under the new administration and is planned to be made by the end of the 2015 calendar year. At that time, regardless of the State-led CFSR decision, either the Department will implement demographic accuracy via ARU validating a random sample or the Department caseworkers will validate a random sample on the RICHIST demographic data.

Additionally, the Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a

Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support

CONTINUOUS QUALITY IMPROVEMENT

The specific activities supporting the CQI are delineated in the Continuous Quality Improvement section. The data supporting how well the CQI system functions includes a number of research reports published on the DCYF website such as the "Children in Foster Care" report, the Congregate Care: Data Driven Recommendations report and the Predictors of Long-Term Foster Care report. The CQI system also provides Dashboard reports, Quarterly ARU findings, and periodic reports to the regions on outcome measures.

STAFF AND PROVIDER TRAINING

Training during this reporting period was largely conducted through the Child Welfare Institute (CWI), a component of the Rhode Island College (RIC) School of Social Work created by cooperative agreement in 2000. Training offerings were developed based upon child welfare competency needs and advertised to the DCYF staff and our provider community. Through third quarter, FY 2016 (March 31, 2016), CWI had offered 82 separate training events totaling 269 class hours and attended by 784 DCYF employees and community partners.

In March of 2016, RIC advised the DCYF that it was exercising its right to sever the cooperative agreement on April 30, 2016. As a result, three of the five employees, specifically the three clinical training specialists, claimed their reemployment rights with the DCYF and returned here during the first week of May 2016. Initially chaotic as the result of limited planning and reaction time, the reinstitution of an in-house workforce development capacity has quickly yielded very positive early results. Though we lack some of the organic advantages present in our relationship with a college, we are noting inherent benefits to having this highly experienced and engaged training staff physically located in the midst of our operational centers. The DCYF is confident this unexpected turn will result in a closer, more informed, relationship between our training professionals and our direct service providers.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Chief Strategy Officer Jamia McDonald and her strategy team have continued to maintain an open dialogue with our provider community around best practices to improve the effectiveness of the state's child welfare system. CSO McDonald has met several times during the past year with the Rhode Island Coalition for Children and Families, a newly formed advocacy coalition made up of DCYF provider agencies. In addition, DCYF's consultants (Harvard, Annie E. Casey, Casey Family Programs) have engaged in conversations with providers regarding the services they deliver for our children and families. These discussions have provided opportunities to review the goals and objectives articulated in the CFSR and obtain feedback on how we are perceived to be doing and how we might be able to be more effective.

The Department has also made strides to improve responsiveness to the Family Court. During the past year, the Department's senior team has attended monthly meetings with the Family Court judges and court staff. These meetings have been a valuable opportunity for DCYF to share ideas and listen to any concerns that the court is experiencing.

The Department continues to work collaboratively with the sister state agencies under the Executive Office of Health and Human Services to coordinate efforts for families in need of basic needs assistance, early child development services that are supported through the Maternal Child Health Home Visiting (MCHHV) programs with the Department of Health (DOH), Head Start and Early Head Start through the Department of Human Services (DHS), other Medicaid covered services through EOHHS, and importantly, with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), which provides adult mental health services, and behavioral health services for adults and youth. Additionally, DCYF continues to work close with EOHHS agencies on the EOHHS Data Warehouse project which provides opportunities for ensuring that services between and among agencies are not duplicated at the client and systems level and for more effectively analysis of system level service delivery.

DCYF has also been engaged in discussions with the Rhode Island Department of Education (RIDE) about better sharing data and ensuring that the educational needs of foster children are being met. This includes discussion about how we can work to ensure that children can remain in their home school district if they enter foster care. DCYF also continues to work the Office of Post-Secondary Education (where the former RI Higher Education Assistance Authority is now housed) on improving post- secondary education outcomes for youth in care through our jointly managed DCYF Post- Secondary Education Tuition Assistance Program and other efforts to focus on these outcomes.

CSO McDonald was instrumental in helping to reinvigorate the statutorily created state Children's Cabinet, now chaired by the EOHHS Secretary Elizabeth Roberts. This Cabinet includes the Governor or designee, the Directors of all of the EOHHS agencies as well as the Commissioner of Elementary and Secondary Education, the Commissioner of Post-Secondary Education, the Child Advocate, and the Directors of Administration and the Department of Labor and Training.

CASE REVIEW SYSTEM

The Department's case review system includes the Department's 6 and 18-month administrative review process as well as the 12 and 24-month court permanency review. This area was identified as an area needing improvement in the 2010 CFSR review. To improve the case review system, the department clearly delineated when it was appropriate to utilize a compelling reason not to file a termination of parental rights, implemented family team meetings to ensure service plans are developed jointly with families, formalized the process for administrative review findings to be incorporated into service plans, and established a Joint Family Court/DCYF Permanency Committee.

To address the foster parents' right to be heard, in 2014 and 2015, the Department, in collaboration with Foster Forward, conducted a survey of foster parents whose foster children had a scheduled permanency review. The results of the 2015 survey showed improvements compared to the 2014 survey:

TABLE 9: Foster Parent Survey Results

	2014	2015
% of respondents who stated that they were notified regarding the 12 month permanency hearing for the child in their care	76%	83%
% of respondents who stated that they were aware of their right to be heard at the hearing	74%	77%
Total # of foster parents surveyed	71	104

SERVICE ARRAY AND RESOURCE DEVELOPMENT

This systemic area was identified as an area needing improvement. Over the past year, the Department has engaged a wide range of community partners, national experts, technical advisors, and other stakeholders to solicit input on its strategy to achieve better results for the children, youth, and families in its care. This analysis led to the Department's decision to return all Network of Care functions back to DCYF. This announcement was made in December 2015 and the Networks were formally ended in March 2016.

In March 2016, the Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Children, Youth and Families (DCYF), issued a request for proposals (RFP) to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care.

This RFP solicited home- and community-based services to help families in DCYF care safely remain together, facilitate and sustain family reunification, and improve anti-social behaviors and strengthen court compliance of delinquent youth; placement-based services for children, youth, and families requiring out of home care to safely care for youth while providing effective clinical treatment and addressing other barriers to returning to a family like setting; and integrated proposals that bridge target populations and outcomes inclusive of both home- and placement-based services.

With this procurement, the Department desires to enhance and expand services, supports, and resources that have a high likelihood of improving the safety, permanency, and well-being for children and families served. It also aims to facilitate innovation and flexibility, add new services to the array available, generate greater value for taxpayers, and ensure transparency and accountability.

DCYF anticipates issuing additional procurements over the coming year, including solicitations of services to prevent crisis-driven disruptions in care through mobile crisis response; services to support successful transitions to adulthood for current and former DCYF youth; services that accelerate and sustain adoption or guardianship when reunification is not an option; and services to divert youth from the juvenile justice system, such as those provided through Wayward/Disobedient programs and Youth Diversionary Programs. All information regarding any future solicitations will be published at the website of the State of Rhode Island's Division of Purchases at www.purchasing.ri.gov.

UPDATE TO THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES

DCYF is in the midst of significant reforms aimed at improving services to and outcomes of children and families through data-driven decision-making and innovation, streamlining and improving day-to-day agency efficiency, and implementing stronger financial controls. Chief Strategy Officer (CSO) Chief Strategy Officer (CSO) McDonald and the DCYF leadership team have undertaken a comprehensive review of agency practices including service delivery, procurement processes, caseload assignments, front end assessments and other key functions. DCYF continues to receive guidance in this process from the Harvard Kennedy School of Government, the Annie E. Casey Foundation and Casey Family Programs.

As a result these efforts, DCYF developed a strategic plan in 2016 to set a new path for the agency and improve outcomes for children and families. While the Strategic Plan aligns with the 2015-2019 Child and Family Services Plan goals, there are several CFSP goals and objectives that are no longer immediate priorities of the agency.

DCYF proposes to modify the 2015-2019 Child and Family Services Plan in the following ways:

- Removing the Goal, "*To improve health and well-being among employees, caregivers, and providers to enhance the overall system of care*" and all objectives related to this goal. While DCYF recognizes the importance of workforce wellness, other more immediate priorities have taken precedence over this goal during the past year.
- Under Goal I, remove the objective, *"Ensure implementation of a Practice Model with fidelity to national standards."* Developed under the prior Administration, this objective no longer reflects the priorities of the current DCYF leadership.
- Add a new strategy under the Goal III objective, *"Reduce the overall instances of maltreatment and repeat maltreatment."* The new strategy is to "*Prevent incidents of Commercial Sexual Exploitation of Children (CSEC) and respond effectively to the needs of victims."*

DCYF continues to focus on rightsizing and improving congregate care, increasing the availability of resource families, and improving the overall safety of children in care. Through its re-procurement of its service array, DCYF seeks to shift its programming towards a System of Care that strengthens families to safely maintain children in their own homes, prioritizes kin and foster family placements for children who must be removed from their families, utilizes group placement only when necessary for short-term treatment, and intensely supports reunification, guardianship, and adoption.

Several new agency initiatives have been put into place during the past year to support these goals:

- The Director's Approval Process (DAP) was implemented in November 2015. The DAP is a standardized review and approval process that requires Director's level authorization for all residential placements. AECF has successfully implemented this procedure in other states and it has led to a significant reduction in congregate care placements.

- The Department began utilizing Expedited Permanency Meetings (EPM) in February 2016 to help move children out of residential facilities and into families. EPM is a family teaming model developed by AECF and that has been used in other states to help children move towards permanency.

- The Department has launched the beginning phase of Structured Decision Making (SDM). SDM intake assessment focuses on two components: screening and response priority. The Department expects that SDM will help increase the reliability and validity of decisions and help the agency target resources to families at highest risk.

The Department is also progressing on two significant federal grants from the Administration on Children and Families (ACF): Diligent Foster Care Recruitment and Adopt Well-Being. These two initiatives dovetail with the Department's strategic plan for improving the capacity for foster homes which will assist in reducing congregate care placements, and in continuing to improve permanency outcomes for children and youth who have been adopted or having permanency goals of adoption by enhancing the knowledge base for trauma assessments and increasing the type of supports necessary to identify and address critical needs of the children and families.

DCYF completes monthly in-home case reviews using an adapted CFSR tool and also our Administrative Review Unit continues to evaluate out of home cases on a six month basis to prepare for the State's next CFSR will be in 2018.

Table 10: Child and Family Services Plan 2015-2019 Update on Progress

GOAL I: RIGHTSIZING AND IMPROVING CONGREGATE CARE TO MINIMIZE PLACEMENT DISRUPTIONS AND IMPROVE CHILD/YOUTH WELL BEING

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
1.1 Expand and increase array of family preservation services.	(a) Establish additional evidence-based practice models that ensure effective family treatment options and choices. (b) Ensure emphasis on and competence in trauma-focused care for all EBPs. (c) Implement short-term clinical stabilization crisis response team. (d) Establish additional services to support non-clinical issues, e.g., behavioral strategies and parenting skills. (e) Increase community awareness and access for engagement with Family Care Community Partnerships (FCCPs).	Evidence-Based Practice Models are established. EBP staff are trained in trauma-focused care Crisis stabilization response team is established. Non-clinical services focusing on behavioral strategies/parenting skills are established. Increase in community referrals to FCCPs.	1.1 (a) In March 2016, the Rhode Island Department of Administration/Division of Purchases, on behalf of DCYF, issued an RFP to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care. Among the services solicited are programs to help families in DCYF care safely remain together. The Department is currently reviewing proposals and expects to contract for these services in the coming months. In addition to the RFP, the Department extended contracts for the four regional Family Care Community Partnerships (FCCP's) until December 31, 2016. The Department, with assistance from the Harvard Kennedy School of Government, has engaged with FCCP providers in "active contract management." The intent of this effort is for the Department to be actively engaged with FCCP providers in a collaborative effort to share and reflect on outcomes data, review the FCCP service	**Safety-1:** Children are, first and foremost, protected from abuse and neglect. **Safety-2:** Children are safely maintained in their homes when possible and appropriate. **Systemic Factor V:** Service Array and Resource Development.

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			model, and ultimately better serve and preserve families. Since January, the Department has met with the FCCP provider agencies 2-3 times per month. 1.1 (b) DCYF has made progress in improving access to trauma focused care through several EBP's now available to children and families: Trauma Systems Therapy (TST), Family Centered Therapy (FCT), Positive Parenting Program (Triple P), and Teen Assertive Community Teaming (Teen ACT). The Department, in collaboration with EOHHS's Medicaid Division, continues to make progress in establishing claiming mechanism for these programs. The Department will pursue other Evidence-Based Programs as needs in our service population are identified. 1.1 (c) In the last ASPR submission (FY 2015), we reported that we were exploring Mobile Crisis intervention services through NHP-Beacon. After additional discussions with the carriers, it became clear that the NHP-Beacon benefit does not cover the entirety of the services that DCFY had hoped to provide in its Mobile Crisis intervention. To address this, the Department is currently finalizing a draft RFP for a Mobile Crisis Intervention Team, which would include respite services. This RFP is expected to be announced in	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			DCYF's second round of procurements over the next several months. 1.1 (d) Through the Active Contract Management process, DCYF has worked collaboratively with the FCCP's to enhance their effectiveness in preserving families by offering non-clinical supports. An essential component of the FCCP wrap process is to strengthen natural supports and build self-sufficiency. In addition, the past year was the first full year that DCYF offered Positive Parenting Program (Triple P), an evidence-based program to support parenting skills. 1.1 (e) During April and May, each local FCCP hosted family events, both educational and fun, to promote public awareness, supporting efforts to ensure healthy and safe child development and supportive family functioning. Each of the FCCPs were granted CBCAP funds to promote collaborative activities within their regions, involving community stakeholders, including other providers and families as well as coordination of activities across the FCCP regions. The percentage of community referrals to the FCCPs has shown a slight increase over the past two and a half years:	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			CY2013 1st and 2nd quarters: Community referrals were 39.5% CY2013 3rd and 4th quarters: 38.4% CY2014 1st and 2nd quarters: 40.0% CY2014 3rd and 4th quarters: 40.5% CY2015 1st and 2nd quarters: 40.6% CY2015 3rd and 4th quarters: 42.0%	
1.2 Install successful programs designed to divert youth from placement.	(a) Work with the provider community to identify evidence-based and evidence-informed service models that have demonstrated success in diverting youth from residential placement. (b) Work with provider community to implement identified successful service models. (c) Establish a clinical assessment support team to work with the DCYF Intake Unit to assist in assessing appropriate intervention to avert placement. (d) Support implementation of additional community-based programs through realized reductions in congregate care settings.	Successful service models are identified. Successful models implemented. Funding diverted from residential programs will be used to expand successful models. Clinical Assessment Support Team established. Improve % of youth at home who receive	Among the 618 families who closed to the FCCP during the CY16 Quarters 1 and 2, 6.5% closed due to "opened to DCYF." Among the 779 families who closed during CY15 Quarters 3 and 4, 6.4% families at time of closure were due to opening to DCYF. A child that opened to DCYF refers to opening to DCYF Family Service Unit or DCYF Juvenile Probation. 1.2 (a) DCYF's RFP issued in March prioritizes evidence-based and evidence-informed services. Children and families served by DCYF continue to benefit from the following evidence based and evidence informed home based services: • Trauma Systems Therapy • Family-Centered Treatment • Positive Parenting Program (Triple P) • Teen Assertive Community Treatment	**Safety-2:** Children are safely maintained in their homes when possible and appropriate. **Permanency-1:** Children have permanency and stability in their living situations. **Systemic Factor V:** Service Array and Resource Development.

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
		community-based services and do not enter care.	• Parenting with Love and Limits • Multi Systemic Therapy • TF-CBT and AF-CBT 1.2 (b) The Department solicited input from the provider community prior to issuing the RFP in March and expects to expand the array of evidence-based programs in the coming months. 1.2 (c) The SMART clinical assessment teams are no longer active since the contract with the Networks of Care ended in March. DCYF's Intake Unit continues to have access clinical support from the Central Referral Unit (CRU), which was established when the Networks of Care ended. The CRU was created to connect children in DCYF care to the right services at the right times on a pathway to permanency, and to reduce reliance on congregate care settings. 1.2 (d) As part of the re-procurement process and ongoing reduction in congregate care utilization, the Department is in the process of shifting resources away from unnecessary residential placements to support community-based services. The RFP released in March describes the Department's intent to serve children in the	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			least restrictive setting and prioritization of services that keep children in the community with families.	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
1.3 Expand and increase the array of community-based services to support reunification, preventing re-entries into care.	(a) Ensure emphasis on and competence in trauma-focused care for all congregate care staff. (b) Identify and address barriers to family involvement when youth is in congregate care (c) Establish transition services that work with families and youth while youth is in congregate care (focus on needs of whole family – parents and youth) (d) Ensure family involvement for youth in congregate care. (e) Ensure transition services, including wraparound, continue to provide aftercare support and monitoring for youth/family returning home.	Improve % of children/youth that are maintained safely in their homes without re-entry. Re-procurement of service array.	1.3 (a-e) During the re-procurement process, DCYF is placing a high value on programs that demonstrate competence in trauma-focused care, reduce barriers to family involvement, and work with families while a youth is in congregate care. The Department began utilizing Expedited Permanency Meetings (EPM) in February 2016 to help move children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. EPM aims to sharply reduce the number of children living in unnecessary group care placements, overcome barriers to raising children in families and ensure that once EPMs get children out of unnecessarily restrictive settings, more children do not take their place. EPM is a three-part process that includes preparatory work, a team meeting and structured follow-up. Everyone has a role to play. The first cohort included 50 children, age 12 and under, in group and residential placements, both in-state and out-of-state facilities. The majority are 10-12 years old, with an average length of stay of 91-180 days. As of the end of May, 46 youth were	**Safety-2:** Children are safely maintained in their homes when possible and appropriate. **Permanency 2:** The continuity of family relationships and connections is preserved for children. **Well-Being 1:** Families have enhanced capacity to provide for their children's needs. **Systemic Factor V:** Service Array and Resource Development.

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			active (some youth were in the process and/or moved without an EPM). Of the 24 EPM meetings that have taken place, five youth successfully reunified and/or are placed in a family setting; eight youth are scheduled to return home or transition to foster care by the end of June; eight are awaiting placement matches in foster/pre-adoptive homes; two youth recommended to remain in current group setting, while working towards a family setting; one youth moving to a higher level of care out-of-state. Based on CFSR Round 2 measures (old measures) Re-entries into care decreased between FY12 and FY15 from 18.8% to 13.4% (most current data available). CFSR Round 3 measures on foster care re-entries shows the Department does not meet the national standard at 18.6%. Rhode Island adjusted measure is 15.9% (Please see section on "System Improvements" CFSR Round 3 as to Department's activities to address this area). As part of its evaluation of the EPM process, the Department will be tracking re-entries into care for children reunified through EPM.	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
1.4 Improve the services in congregate care facilities	(a) Ensure administration of Child and Adolescent Needs and Strengths (CANS) tool in all programs. (b) Improve management of psychotropic medications. (c) Identify short-term evidence based intervention models that can be introduced in congregate care facilities. (d) Ensure staffing patterns in congregate care facilities to provide appropriate clinical supports. (e) Identify a minimum of one congregate care setting to re-purpose for an identified needed community service. (f) Train staff on engaging youth in talking about their placement preferences. (g) Train staff on family engagement practices, which move beyond visitation. (h) Enhance safety management practices in congregate care settings.	Increase % of youth who are required to receive a CANS is administered a CANS % reduction in youth receiving 2 or more psychotropic medications. Short-term evidence-based interventions are introduced in congregate care settings. Congregate care setting(s) re-purposed to provide community-based services. Congregate care staff are trained on safety management and trauma-informed care practices. Improve the % of youth in congregate care who attain permanency. LOS in congregate care is decreased.	(a) The CANS is being administered by staff within all residential provider agencies. The Department has also reinstated the Ohio Scale and Ages/Stages SE to determine functional change and to complement the CANS. With the dissolution of the two networks of care, DCYF CANS trainers now provide monthly training for all provider staff required to administer the CANS and to relevant DCYF staff. The percentage of eligible youth who were administered their initial (baseline) CANS in the first year, FY14, was 25%. As of January 2016, the percentage has improved to 72.7% of entry cohort of youth eligible for the initial/baseline CANS were administered a CANS). (Please attached for CANS findings) In July 2015 the Department re-instated the Ohio Scale and Ages & Stages SE to evaluate changes in functional status. The Department plans to report out on this data on a semi-annual basis and has yet to do so due to challenges associated with the EOHHS data warehouse. The updated expected date of receiving these reports is July 2016. 1.4 (b) DCYF continues to work with its managed care provider to monitor the utilization of psychotropic medications for	**Safety 1:** Children are first and foremost protected from abuse and neglect **Permanency 2:** The continuity of family relationships and connections is preserved for children. **Well-being 3:** Children receive adequate services to meet their physical and mental health needs. **Systemic Factor III:** Quality Assurance System

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			youth in care for purposes of reducing unnecessary usage. The percent of youth in out-of-home placement receiving two psychotropic medications concurrently has decreased from 8.4% in CY 2013 Quarter 1, to 6.6% in CY 2014 Quarter 1, to 5.8% in CY 2015 Quarter 1 and in the most recent data available CY 2015 Quarter 4, 5.6%. 1.4 (c) The Department continues to offer trauma informed treatment practices within congregate care programs. The programs include Trauma Systems Therapy (TST) and Attachment, Self-Regulation and Competency (ARC) model. During the past year, the Building Bridges Initiative (BBI) was introduced at one DCYF residential provider agency. 1.4 (d-h) The Department has engaged in rate reviews with several providers during the past year to ensure that congregate care facilities have adequate funding to provide clinical staff support. In addition, through DCYF's RFP process, the Department expects to include performance metrics to ensure that congregate care providers are moving children towards permanency. We are also hopeful that providers will re-	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			purpose/adjust their services in response to DCYF's priorities. Data from the FY13 and FY14 entry cohorts who achieved permanency within 12 months of a previous discharge slightly decreased from 49.9% among FY13 entry cohort to 43.4% among FY14 entry cohort. The Department is in the process of close monitoring of these two data points to a) observe FY15 entry cohort as there will be 3 points in time that can indicate a trend and b) beginning exploratory analysis to identify factors associated with this potential trend. The CFSR round 3 permanency achievement across all three categories reveals at the time of the CB analysis, the Department would not be required to include these 3 permanency achievement groups in Department's PIP (See Table 2, National Standards). The median length of time to achieve permanency among these cohorts was 147 days among FY13 entry cohort and 151 days among FY14 entry cohort.	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
1.5 Transform the placement system to ensure only youth needing such placements are placed in congregate care settings.	(a) Review the process for placement of children in congregate care (b) Introduce a new process for placement into congregate care. (c) Train child welfare and community providers on congregate care placement policies and practices. (d) Recruit more foster families to ensure availability and accessibility of placements that are alternative to congregate care. (e) Increase the use of kinship placements. (f) Train child welfare, community providers and resource families on trauma-informed care. (g) Engage key stakeholders to support effective placement alternatives.	Congregate care placements are gradually reduced by 10% Kinship placements are gradually increased by 10%. Recruited and trained resource families are gradually increased by 10%. Child welfare and community provider staff are trained on trauma-informed care.	1.5 (a) The percentage of youth in congregate care has declined. In FY 2012, 66.9% of youth in out of home placement were in foster family settings. In FY 2016 (through May 1st), 72% were in foster family settings. The Department has completed its review and implemented significant changes to the process for the placement of children in congregate care. 1.5 (b) In November 2015, the Department established the Director's Approval Process (DAP). The DAP is a formal process that requires that any placement of a child into a congregate care setting must be directly authorized by the Director. The DAP ensures multiple levels of effort to identify alternative placements and emphasizes congregate care as a last resort. In March 2016, the Department established a new Central Referral Unit (CRU) to connect children in DCYF care to the right services at the right times on a pathway to permanency, and to reduce reliance on congregate care settings. The CRU maintains a single point of access for youth and families requiring services. A single point of access allows for services to be more closely matched with needs and	**Safety 2:** Children are safely maintained in their homes whenever possible and appropriate **Permanency 1:** Children have permanency and stability in their living situations **Well-Being 1:** Families have enhanced capacity to provide for their children's needs **Systemic Factor VI:** Agency Responsiveness to the Community

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			families receive the same access to needed services. In line with best practice, the CRU complete a level of need assessment that includes modules of the CANS Strengths and Needs Assessment prior to referring children to foster care or congregate care placements. This is designed to ensure that children are immediately placed in the least-restrictive settings possible, and that they are connected to services that meet their unique needs at the time of placement. 1.5 (c) DCYF has used its communications capacity to communicate the DAP process and the establishment of the CRU to both internal and external stakeholders. DCYF also maintains ongoing dialogue with the Family Court and provider community to ensure that the new placement process is well understood and is effectively meeting the needs of children and families. 1.5 (d) The Department, through its Diligent Recruitment (DR) grant, continues to work to increase the number of resource families (See DR update below). 1.5 (e) During state FY 2016 (through May 1st), 62.0% of children in a family foster care setting were in kinship foster families, compared to 53.6% in FY 2012.	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			Through the Adopt Well-Being initiative, a plan to create a trauma-informed workforce and provide trauma trainings to resource families was developed and implemented (See Adopt Well Being RI section for details). 1.5 (f) The Department has established a new training plan that includes a focus on trauma-focused care. 1.5 (g) Shortly after coming onboard at DCYF, CSO McDonald identified a need for developing a communications capacity within the agency. In early 2016, the Department hired a communications specialist who is responsible for internal, partner, and customer communications as well as media relations and social media development. This has allowed DCYF to more effectively disseminate information about the system transformation away from overreliance on congregate care. In addition, over the past year, DCYF has improved collaboration and communication with the Family Court. Each month, DCYF's senior team meets with the Family Court judges and staff to provide updates to one another and troubleshoot any issues that arise. These meetings have served as an opportunity for DCYF and the Family Court to share feedback and for DCYF to	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			seek the Judiciary's support for efforts to reduce congregate care placements. In addition, DCYF began to participate in the "Every Kid Needs a Family" initiative, coordinated by Rhode Island KIDS COUNT with support from the Annie E. Casey Foundation. The initiative is an effort to bring together providers, DCYF, the Family Court, and advocates to reduce the state's overreliance on congregate care. During the upcoming year, DCYF expects that this group will be an effective table for collaboration and the sharing of strategies to reduce congregate care.	
1.6 Improve Educational stability across the life cycle for children in care.	1.6 (a) Ensure that children birth to 5 in DCYF care are adequately prepared and supported for educational achievement.	Increase placement stability Children will be linked with Early Intervention and Child Find resources as appropriate	1.6 (a) During the 2015-16 period DCYF has continues to adapt policy refinements for children Birth to 3 that are subject to the CAPTA Mandate. Grant staff has completed a review of policies in other states and has begun policy refinements that will increase the rate of referral of 0-3 population to early intervention services. This increased focus resulted in a referral rate for indicated children of 63%. During data system refinement it was discovered that the prior year referral rate of 88.1% was somewhat inflated by some non-victim and associated family members being counted as victims. This clarification resulted in identifying the referral of 355	**Permanency 1:** Children have permanency and stability in their living situations. **Well-Being 2:** Children receive services to meet their educational needs.

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			children to the early intervention system that were family members in investigations but not identified victims in indicated cases. DCYF has continued to implement a system of referral of newborns not eligible for Early Intervention into evidenced based Family/Home Visiting programs to support parent/child relationship-attachment and well-being from birth. These efforts resulted in an additional 85 families being referred in 2015. DCYF continues to implement an integrated system with RI Dept. of Education and RI KidsNet to ensure that children age 3 to 5 in foster care have access to Child Outreach Screening to identify developmental delays prior to entry into kindergarten. During the first year implementation barriers related to obtaining consent for Child Outreach Screening for children in foster care were identified. DCYF will work internally and collaboratively with state agency partners in the coming months to address these barriers as part of the Children's Cabinet Getting to Kindergarten initiative. DCYF in partnership with RI Dept. of Education has developed, piloted and sustained an Early Childhood Trauma	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			Informed Care curriculum for child care staff that is now delivered through the Center for Early Learning Professionals. During 2015, the Center for Early Learning Professionals implemented 3 offerings of the trauma informed training and trained 63 staff from a variety of centers around the state. This curriculum and delivered training seeks to provide childcare staff with knowledge and skills to support the needs of children birth to 5 in the child welfare system. This knowledge and skill capacity will help to ensure child care placement stability and well-being for children birth to five that have experienced trauma. DCYF has previously utilized ACF grant resources to develop materials to promote the use of High-Quality Early Care and Education for children birth to 5 in foster care to enhance child well-being and future educational success. These materials as well as other ACT Early/CDC developmental screening awareness materials are now used in training of foster parents who accept placement of children birth to 5 years old.	
	1.6 (b) Ensure that children between 5 and 14 years of age are adequately	Improved coordination with school systems to	1.6 (b) – The Educational Services Coordinator (ESC) has been working with superintendents, secondary administrators and special education directors throughout	**Permanency-1:** Children have permanency and

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
	prepared and supported for educational achievement.	ensure continuity of education.	RI to ensure educational stability for youth in foster care. ESC has collaborated with school districts on transportation, credit transfers, graduation requirements and placement issues. The Educational Services Coordinator has continued to provide workshops to Local Education Agencies during their professional development trainings. In addition, DCYF Administrators and ESC presented at the North Rhode Island Collaborate Regional Special Education Directors meeting. In attendance were fifteen school district special education directors who were interested in piloting a program to coordinate educational services for youth in foster care. A committee will be formed during the summer of 2016 to address transition from school district, transportation, and education stability The ESC has also worked with school districts and residential treatment facilities that include the delivery of educational services. The ESC notifies the residential facilities that they need to schedule an educational planning meeting with the student's school district to ensure credits and graduation requirements are being met. The Department continues to achieve expected and higher rates of referrals for	stability in their living situations. **Well-Being 2:** Children receive services to meet their educational needs.

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			Educational Surrogate Parents/Educational Advocates for children and youth in DYCF care who have been identified as needing special education services or at risk for needing such services. The Department has continued to improve the transitioning planning process for youth exiting the Thomas C. Slater Training School. Currently, DCYF Probation staff and the Providence Public Schools meet monthly to identify educational and transitional needs in order to develop a plan that is ready to implement upon the youth's discharge. It also includes follow up from DCYF Probation Staff with Providence Schools and the youth and assisting parents in re-registering their child. Providence Schools also alert DCYF when a youth does not register as anticipated. The Department will be duplicating these planning meeting within the Newport and Central Falls School Districts.	
	1.6 (c) Ensure that children age 14 and older are adequately prepared and supported for educational achievement.	Foster parents and residential staff will be trained regarding DCYF educational enrollment policies.	1.6 (c) – The Department has not developed a training mechanism for foster parents and residential staff; however, DCYF is currently working with the RI Department of Education to discuss ways to improve educational stability and timely enrollment for children in foster care. These	**Permanency 1:** Children have permanency and stability in their living situations. **Well-Being 2:** Children receive services to meet

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			discussions include an examination of supports for older youth in DCYF care.	their educational needs. **Systemic Factor VII:** Training
1.7 Older youth transitioning from care will have full awareness of and access to necessary services and supports to promote self-sufficiency.	1.7 (a) Ensure that youth, DCYF staff, families, providers, and foster parents are aware of the breadth of available services, eligibility criteria and access procedures.	Increase placement stability Improved rate of participation of DCYF youth in services and supports	1.7 (a) – DCYF launched our Consolidated Youth Services Program on July 1, 2010. which provides youth development services to youth 16-21 including after care services for youth closed to DCYF at age 18. As of June 14, 2016 there are 1,514 unduplicated active participants across all CYS programs. Since the inception of CYS, 409 new youth have enrolled into ASPIRE IDA. There are 245 active participants as of June 14, 2016. Youth have saved and matched for over $729,660 worth of assets that contribute to their financial well-being. Since the inception of CYS, 394 new youth have enrolled in Real Connections. There are 117 active participants as of 6/14/2016. 62% of active Real Connections participants are currently matched with a mentor. CYS achieved a 74% participation rate in the collection of 21 year old follow-up surveys for the FFY 2011 NYTD cohort.	**Permanency 1:** Children have permanency and stability in their living situations. **Well-Being 2:** Children receive services to meet their educational needs. **Well-Being 3:** Children receive services to meet their physical and mental health needs. **Systemic Factor II:** Case Review System

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			19 year old follow-up surveys are currently being collected for the FFY 2014 NYTD cohort. During the first six month period (October 1, 2015 to March 31, 2016) CYS achieved an 85% participation rate by collecting 60 surveys from 71 potential respondents. As of 6/14/2016, CYS has collected 45 surveys from 85 potential respondents in the period, constituting a 53% response rate. ACF's records show that they count only 113 of 156 youth as being properly reported by the Department. While Foster Forward collected and entered the data within expected time frames, data. Programming language used by DCYF failed to include 43 records which should have been reported. This was identified by DCYF in May 2016 and we are working to correct and see if ACF will allow a corrected data set to be uploaded. The actual numbers are as follows: 60 for Period A (not 71) and 53 for Period B (not 71). Based on the 113 names in the NYTD Portal, the survey completion rate was 48 out of 60 for Period A (80%) and 47 out of 53 in Period B (88%) as of 6/16/2016. 83% of all NYTD youth have participated in 3 or more CYS programs	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			The ability to engage youth across multiple services helps them to stay connected, access services, and be available for the required follow-up surveys.	
	1.7 (b) Establish services for youth who may not be eligible for current aftercare services and/or adult services.	Identify population service needs through data queries). Involve career development community in transition planning for youth.	1.7 (b) As of June 14, 2016, we were serving 218 active YESS participants. The Departments Youth Development Team continues to use the Foster Clubs Transition Toolkit with youth and workers to better inform the transition process and to develop stronger personalized transition plans. The Works Wonders study concluded service intervention on March 31, 2016. From project start to intervention end, a total of 130 youth completed all of the program components required to be considered "completed". There were an additional 56 youth who met the qualification for "engaged" in the project, defined as having taken a baseline survey and attending at least four classes. Of the 186 total youth who meaningfully participated in the intervention, 129 participants completed a total of 157 work experiences. 36% of those work experiences were internships, 36% were informational interviews, 18% were paid jobs, and 9% were externships, exposure	**Permanency 1:** Children have permanency and stability in their living situations. **Well-Being 2:** Children receive services to meet their educational needs. **Well-Being 3:** Children receive services to meet their physical and mental health needs. Systemic Factor V: Case Review System

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 – 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			events, job shadows, and other. 87% of the work experiences were paid. DCYF, as a part of its ongoing reassessment of its entire service array, is looking at ways to improve access to aftercare supports and identify service gaps for youth who have aged out of care.	

GOAL II: DILIGENT RECRUITMENT FOR FOSTER AND ADOPTIVE FAMILIES TO ENSURE EVERY CHILD HAS A SAFE, COMPATIBLE HOME

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
2.1 Develop additional supports for resource families.	2.1 (a) Expand and increase array of services provided to resource families by DCYF and its partners. (b) Implement short-term clinical stabilization crisis response team. (c) Establish additional services to support clinical and non-clinical issues, e.g., after-school care, behavioral strategies, and parenting skills.	Crisis stabilization response team is established. Additional services for resource families are introduced and accessed. Community organizations and businesses offer new supports to resource families.	2.1 (a) In 2016, DCYF issued an RFP for services and supports for families and children served by DCYF. 2.1 (b) DCYF is working with Harvard Kennedy School to develop RFP for a Mobile Crisis Intervention Team, which would include respite services. 2.1 (c) Diligent Recruitment (DR) staff worked with Annie E Casey Foundation (AECF) and Harvard Kennedy School of Government (HKSG) consultants on an RFP focused on services and supports for	**Safety 1:** Children are, first and foremost, protected from abuse and neglect. **Permanency 1:** Children have permanency and stability in their living situations **Well-Being 1:** Families have enhanced capacity to provide for their children's needs

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
	(d) Increase community support for resource families. (e) Improve access to services that are already provided by DCYF and other agencies to resource families but remain underutilized because of various barriers (e.g., respite care). (f) Review and revise (if necessary) customer service provided to resource families by the staff of DCYF and its partners. (g) Review and revise (if necessary) training of child welfare workers and resource families to ensure it meets the highest standards and is trauma-informed and adoption-competent. (h) Enhance matching procedures to improve satisfaction of resource parents and children in care and to decrease the number of placement disruptions.	Increased utilization of services already offered to resource families by DCYF and its partners. The number of disrupted placements decreases by 10%. The Department is currently developing a methodology to address this measure longitudinally. The plan this to have this completed by January 2016.	resource families. The RFP (which will complement the RFP referenced in sub-section (a) above) is part of DCYF's plan to create a single statewide system that will provide services and supports to all resource families in the state based on their needs rather than their affiliation with a private agency or DCYF. 2.1 (d) As part of the Market Segmentation project carried out by DR staff with support from NRCDR, we identified potential community partners that would be likely to have the most contact with existing and potential resource families. Development of additional outreach activities to increase community support for resource families will continue in subsequent years of the five year plan. 2.1 (e) The new system of supporting resource families based on need, which is being developed by DCYF as described subsection (c) above, will facilitate access to underutilized services. 2.1 (f) Introduced web-based registration for pre- and in-service training to streamline the licensing process and improve customer experience. Another new feature introduced during this budget	**Well-Being 3:** Children receive adequate services to meet their physical and mental health needs

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			period in response to feedback from resource parents is a Saturday morning TIPS-MAPP training series, which has proven very popular. DR staff also established a new partnership with Community College of Rhode Island, which will allow DCYF to use CCRI's classroom space on its three campuses. (Holding trainings at more convenient times and locations was one of the suggestions from the resource parent survey.) Licensing staff went through a week-long LEAN exercise to map out the licensing process and began to develop changes to make licensing more streamlined and customer-friendly. 2.1 (g) DCYF continued implementation of its system-wide TIPS-MAPP pre-service training program for all resource parents in the state, ensuring efficient use of limited resources and high quality of instruction. DR staff also collaborated with Adopt Well-Being RI, DCYF's trauma grant, to offer two series of in-service training focused on trauma. Both in-service training series were open to all resource families in the state.	

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			2.1 (h) In 2016, DCYF created a new central placement unit, which has assumed responsibility for identifying appropriate placement and optimal matching for all children in state care. DCYF has developed a methodology to better track disrupted placements longitudinally and continues to work to improve data collection and conduct analysis around this measure.	
2.2 Increase availability of resource families.	2.2 (a) Recruit additional kinship foster families using Extreme Recruitment model. 2.2 (b) Recruit additional non-kinship foster and adoptive families. 2.2. (c) Increase public awareness of the need for resource families. 2.2 (d) Raise DCYF's profile in traditional and new media. 2.2 (e) Build partnerships with community organizations and businesses that can facilitate recruitment of new resource families. 2.2 (f) Review regulations to identify barriers that may prevent potential resource families from receiving a foster/adoptive parent license.	The proportion of kinship foster care placements is increased by 10% The number of non-kinship foster families is increased by 10%	(a) A new Inspector position was filled in the summer of 2014. The position focused on finding kinship connections for children and youth in state care. The Department identified potential partners for the implementation of an intensive family-finding model. 2.2 (a) Among children placed in family settings, the percent placed in kinship family homes increased from 53.6% in FY12 to 62.0% in FY16. Between 4/1/2015 and 3/31/2016, Kinship Investigator (part of DR project team) achieved the following results: 1. 57 children AWOL located and placed with a relative	**Permanency 2:** The continuity of family relationships and connections is preserved for children. **Systemic Factor VII:** Foster and Adoptive Parent Licensing, Recruitment and Retention.

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
		Regulations reviewed and revised if necessary.	2. 3 children AWOL from group home located and kinship options identified 3. 2 children AWOL from group home located and working on ICPC 4. 40 children AWOL located and family connections made 5. 57 children: potential kinship placement options were identified. 2.2 (b) The percent of youth placed in family foster care settings has increased from 66.9% in FY12 to 72.0% in FY16. DR staff worked with AECF and HKSG consultants to develop several options for structuring the state's resource family recruitment system. We expect that a decision on the new recruitment structure will be made in summer or fall of 2016. DCYF also partnered with AECF to offer a 5-day "recruitment boot camp" for DCYF and private agency staff. 2.2 (c) DR staff facilitated nomination of two resource families for Jefferson Award for Public Service. Both	

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			nominations were successful, which means that 3 of the 4 award recipients in RI were resource parents. DCYF staff continued to coordinate joint recruitment events, which now include all private foster care agencies working in the state. In FY17, DCYF plans to contract with a marketing firm to develop recruitment and public awareness materials using results of Market Segmentation analysis undertaken in FY16. 2.2 (d) DCYF created and filled a public information officer position, which is charged with media outreach. DR staff continued its outreach through a Facebook page and an electronic newsletter. 2.2 (e) As part of the Market Segmentation project carried out by DR staff with support from NRCDR, we identified potential community partners and businesses that would be likely to have the most contact with existing and potential resource families. Following rollout of new services and supports in FY17, we plan to mobilize community partners and local businesses to assist with recruitment of new resource families.	

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			2.2 (f) DCYF continued to investigate possible ways to address the issue of lead regulations, which pose the most significant regulatory barriers to recruitment of new resource parents.	
2.3. Increase diversity of non-kinship resource families	2.3 (a) Conduct targeted outreach in communities that are underrepresented in the pool of available resource families relative to the number of children who come from those communities. 2.3 (b) Develop training materials in languages spoken in target communities. 2.3 (c) Build partnerships with community organizations that can facilitate outreach to target communities. 2.3 (d) Develop education/outreach strategies to work with cultural groups that are less familiar with resource parenting. 2.3 (e) Enhance cultural competence of DCYF and private agency staff.	The number of resource families from underrepresented communities is increased by 10%. The number of children and youth in state care that are placed within their communities is increased by 10%.	2.3 (a) Market Segmentation (MS) analysis of existing resource families conducted in FY16 provided data that will be used to develop targeted outreach and recruitment materials in FY17. A streamlined recruitment structure, which we expect to be put into place in FY17, will provide human resources needed to conduct targeted outreach in underrepresented communities. 2.3 (b) DCYF continued to offer TIPS-MAPP pre-service training sessions for prospective resource families in Spanish as well as in English. All new outreach and training materials, which will be developed starting in FY17, will be produced in English and Spanish – the two languages spoken most widely in RI. 2.3 (c) Activities to address this goal are slated to begin in FY17 after restructuring of the state's recruitment system and rollout of additional supports for families going through the licensing process.	**Systemic Factor VII:** Foster and Adoptive Parent Licensing, Recruitment, and Retention. **Permanency 2:** The continuity of family relationships and connections is preserved for children.

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2016**	**Outcome/Indicator**
Strategies	**Activities**			
			The percent of youth placed in their home communities went from 42.1% in FY15 to 41.9% in FY16 (as of June 13th) (d) Activities to address this goal are scheduled to begin in 2017. (e) Activities to address this goal are scheduled to begin in 2017.	

GOAL III: IMPROVE THE OVERALL SAFETY OF CHILDREN IN OUR CARE

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2015**	**Outcome/Indicator**
Strategies	**Activities**			
3.1 Improve overall consistency in investigations	(a) Adopt Structured decision making tool and training that focuses on screening and priority response	Maltreatment rate in foster care numbers Repeat Maltreatment numbers	(a) The Department is currently in the development stages of the SDM implementation process. A workgroup was established to help design the tool, which will be used on the call floor. In	**Safety 1:** Children are, first and foremost, protected from abuse and neglect.

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2015**	**Outcome/Indicator**
Strategies	**Activities**			
and safety and risk assessment	assessment, safety assessment, risk assessment and risk re-assessment tools (b) Consider adopting Review, Evaluate, Direct (RED) Team Meeting process for determining response priority and case planning.	#of cases referred to community/home based services that open to FSU	October 2015, a few members of the workgroup traveled to Washington D.C. for a site visit to see SDM in action in preparation for its implementation in the Department. The creation of the screening tool began in February 2016. The workgroup met several times during the month to establish the processes and procedures that follow Rhode Island laws and DCYF policies. The tool went through several revisions, including mock case reviews using the tool to ensure the tool performs the way it is intended. The edited tool now needs to be validated through Inter Rater Reliability (IRR) testing. IRR testing is a critical component of the assessment development process that ensures the assessment design and item definitions yield consistency in assessment ratings across workers. IRR testing will begin the last week in July and the first week of August 2016. Following the IRR testing period, the Children's Research Center (CRC) will analyze the test data and make recommendations for assessment item and definition revisions, as necessary.	

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2015**	**Outcome/Indicator**
Strategies	**Activities**			
			After revisions are made, on-site training will be conducted by CRC in September 2016. The CRC will also provide coaching calls to ensure workers are not having any issues using the tool. A risk fit analysis will be conducted pre and post implementation to ensure the ultimate goal is achieved—children remain safe. (b) The Department is still exploring the RED Team Meeting Process with Casey Family Programs and Washington DC's child welfare system.	
3.2 Improve the service array of community based and home based services	(a) Procure an array of home based services to stabilize families and provide the resources to support safety plans that keep families together whenever possible		3.2 (a) The March 2016 RFP includes requests to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care.	**Safety 1:** Children are, first and foremost, protected from abuse and neglect.
3.3 Prevent incidents of Commercial Sexual Exploitation of Children (CSEC) and respond effectively to the needs of victims.	(a) Establish a DCYF unit responsible for developing and implementing a comprehensive CSEC response. (b) Establish a Department policy on protecting and identifying victims of CSEC (c) Provide training to DCYF staff on recognizing and responding to CSEC.		(a) The DCYF Special Projects Unit (SPU) was created in July 2015, based on results from the initial assessment by the Strategy Team and outside experts. (b) A CSEC policy has been drafted and is undergoing the final review and revision process. The latest draft of the policy is attached (See CAPTA) (c) DCYF is currently in process conducting a multi-tiered mandatory	**Safety-1: Children are, first and foremost, protected from abuse and neglect.** **Permanency 1: Children have permanency and stability in their living situations**

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 ➔ 2019	**Measure of Progress**	**Progress in 2015**	**Outcome/Indicator**
Strategies	**Activities**			
	(d) Improve overall services and response to victims of CSEC to address trauma.		training program for DCYF workers, to include; awareness training for all workers, advanced CSEC training the Child Protective Services Unit (Investigators and Intake workers) and a train the trainer module. To date, the staff awareness training and the advanced CSEC training have been completed. (d) DCYF is continues to work with community providers, law enforcement, and other stakeholders as part of a statewide uniform response protocol that delineates roles and responsibilities for responding to instances of CSEC. Through this effort, DCYF continues to look at how services for CSEC victims can be enhanced.	

UPDATE ON SERVICE DESCRIPTION

The purpose of Stephanie Tubbs Jones Child Welfare Services : Title IV-B Subpart 1 is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

Funding from Title IV-B, subpart 1 is used to support four programs relating to child welfare outcomes promoting safety, permanence and well-being. The Department is in contract negotiations after a RFP proposal and has funded the following programs through Dec 31, 2016. After that time the service array will be more robust and the providers may change but the following type of services will continue:

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- **Adoption Preparation and Support** – The Adoption Promotion and Support program through Children's Friend and Service provides preparation and post adoption support services that include 24/7 crisis intervention availability by phone, education and support groups, case management, counseling and respite. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families.

- **Adoption Rhode Island Preserving Families Program**– This program offers adoption competent services for children and families by; providing family support and preservation services to pre and post adoptive families; offer education and support groups for parents, children and families to enhance communication and attachment; sponsor recreational opportunities for adoptive families to increase positive family interaction and decrease family discord; offer individual, child, sibling and family counseling support in the home, community and in the office. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function provides necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations.

- **Family Care Community Partnerships (FCCP)** – This program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependence program offers family stabilization services.

- **Foster Forward (formerly RI Foster Parents Association)** – this program provides an educational and supportive service for current foster families and assists with recruiting

efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care.

- In addition the Department will be keeping 10% for Administrative fees.

The IV-B Subpart II purpose is to enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives; prevent child maltreatment among families at risk through the provision of supportive family services; assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively; address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997; support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Funding from Title IV-B, Subpart 2 is used to support programs relating to child welfare outcomes promoting safety, permanence and well-being; specifically, Family Preservation Services, Family Support, Time-Limited Reunification and Adoption Promotion and Support Services. Department is in contract negotiations after a RFP proposal and has funded the following programs through Dec 31, 2016. After that time the service array will be more robust and the providers may change but the following type of services will continue:

- FAMILY SUPPORT

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families; some of this is through the FCCPs. Families assisted by PSN, typically, are looking for assistance because they're experiencing challenging behaviors with their teenagers.

The Department is also allocating IV-B, part 2 funding to support the Family Care Community Partnership (FCCP) to provide resources for family support services for families either referred by DCYF or who are seeking assistance on their own.

- FAMILY PRESERVATION

- The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote

family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for family preservation and adoption promotion/support and is available statewide. The services that are provided focus on concurrent planning and provide both biological and foster/pre-adoptive families necessary support for permanency planning that is in the best interest of the child. The funding is split between Family Preservation and Adoption Promotion/Support.

- TIME-LIMITED REUNIFICATION

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The program also provides a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums. This program is available statewide.

- ADOPTION PROMOTION AND SUPPORT

The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for family preservation and adoption promotion/support and is available statewide.

The services that are provided focus on concurrent planning and provide both biological and foster/pre-adoptive families necessary support for permanency planning that is in the best interest of the child. The funding for this program is evenly apportioned between the two categories. Both programs are available statewide.

The Department has entered into contract with the Dave Thomas Foundation to hire two Wendy's Wonderful Kids family recruiters. One funded through IV-B, Part 2 and the other matched by The Foundation with the Foundation supplying the training for these positions. The WWK Family Recruiters provide child –focused recruitment to a caseload of children in the care of DCYF-RI with case plan goals of adoption and/or APPLA.

- OTHER SERVICE RELATED ACTIVITIES

There is currently an additional $111,110 under Other Service Related Activities. The Department is currently in discussions with the Children's Bureau about how these funds will be utilized.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

The Department has identified the population of children who are reportedly at greatest risk of maltreatment as:

- Children age 5 and younger
- Children who are Black/African American, or Hispanic
- Children who are from families with low socioeconomic status
- Children with a family history of DCYF involvement or past history of maltreatment
- Substance exposed newborns

The Department monitors and evaluates child maltreatment using multiple methods, the National Child Abuse Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS) data as a surveillance system, monthly continuous quality assurance meetings, targeted research studies and analysis employing advanced statistical analysis.

The Department has recognized an emerging trend in the state and has identified substance exposed newborns as being in greater risk. In 2015, there were 164 children under the age of one who were victims of prenatal substance exposure up remarkably from the previous year. In response, Rhode Island has done considerable work to attend to the epidemic of opiate overdose, a National epidemic. The Governor within her first few months in office brought together the Governor's Task Force on Overdose made of key stakeholders and government agencies in the state. The Neo-Natal Abstinence Syndrome (NAS) Task Force is a subgroup of the Governor's Task Force. This group reaches beyond NAS affected newborns.

The Department is an active member of the Governor's Task Force on Overdose and the Neo-Natal Abstinence Syndrome task force to continue to address and support substance exposed infants.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

The Department makes every effort to ensure that appropriate settings and services are available to meet the needs of all children in care, and particularly as it relates to children under the age of five as these youngsters may be considered the most vulnerable.

As of June 14, 2016, there were 592 children under the age of five in foster care settings. The population of children under five represents approximately 62% white, 21% multi-racial, 13% African American, less than 1% Asian, less than 1% Native American, and 2% undetermined. Twenty-three percent of children under the age of 5 are Hispanic/Latino. Forty-seven (47%) percent were in relative care, 40% in generic foster homes, 12% in specialized foster care homes, and less than 1% in a pre-adoption placement or shelter. As of June 14, 2016, there were approximately 104 youth under age five who had been in the care of the Department for more than

16 months. We believe this decrease is due to the programs listed below as well as targeted foster parent recruitment efforts under the Diligent Recruitment grant.

In FY 15 several key efforts have continued to support the under 5 population involved with RI DCYF. During the course of 2015 newly elected Governor Gina Raimondo reconvened the Rhode Island Children's Cabinet. This is a group of high level state department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children. As a part of the Children's Cabinet work, an initiative called Getting to Kindergarten was established. This initiative seeks to have a specific focus on the well-being of young children in the child welfare system. To date, a set of goals and a work plan have been developed to begin this work. Staff from the prior ACF grant, now attached to the SAMHSA grant continues to lead this effort within RI DCYF. Broadly the goals of this initiative include: connecting child welfare involved families to MIECHV evidenced-based programs, link vulnerable 0-3 year olds to appropriate screening and developmental programs consistent with the CAPTA mandate, ensure access to effective special education and developmental supports for 3-5 year olds involved in the child welfare system and equip parents and caregivers to facilitate healthy early childhood development. These efforts will continue to collaborate closely with state agency partners to strengthen partnership and collaborative efforts on behalf of young children in the child welfare system.

In an effort to sustain the activities of the RI Child Welfare-Early Care and Education ACF Grant, RI DCYF has leveraged resources from a SAMHSA System of Care grant to support ongoing work related to the needs of the birth to 5 populations. Grant funded staff from the prior ACF grant provides consultation to casework staff in all four DCYF regional offices to serve as a link to early childhood program and service capacity as well as facilitating referrals to specific evidenced-based Home Visiting programs. This staff person also coordinates the data system, policy initiatives and the CAPTA Liaison position that ensures that children 0-3 who are victims in indicated incidents of neglect or abuse are referred for developmental screening and/or evaluation through the early intervention IDEA Part C system. The goal of these efforts is to ensure that all child welfare involved or at risk children 0 to 5 are provided with the developmental supports to ensure social-emotional stability and early educational success.

The Getting to Kindergarten initiative is also working to address the system level planning for screening, assessment and service delivery needs of child welfare involved children age birth to five. The ongoing approach being used to meet this need is the implementation of a multi-tiered system of supports and services. RI Department of Health continues to promote more effective strategies of implementing developmental screening in health homes that serve the most at risk populations as the first layer of this support system. These Department of Health efforts are coordinated with RI DCYF through the Successful Start Steering Committee to which DCYF is an active member. In addition to developmental screening being carried out by pediatricians in health settings, grant staff at RI DCYF has conducted a search of 0-3 early intervention referral policies in various states. This work has resulted in further policy refinements that will likely increase the rate of referral to early intervention screening and evaluation supports over the next year and in the future. The final tier of this system includes DCYF working with the RI Department of Education to further implement plans to ensure that Child Outreach Screenings are administered more effectively with children in foster care between the ages of 3-5 years. With one year of an improved data system in place, grant staff at DCYF will now be working to improve

the consent process for Child Outreach Screening to streamline access and implementation of the screening process for children age 3-5 in the foster care system.

As mentioned in prior reporting periods, RI DCYF has utilized grant resources to develop and implement a trauma-informed positive behavior support curriculum and training for the early care and education community here in Rhode Island. These efforts were transitioned to the Center for Early Learning Professionals during FY 2015 where 3 offerings and 63 attendees were trained. The Center for Early Learning Professionals reported that the trainings were well received and the evaluations demonstrated positive knowledge gain for the staff who attended. The Center has since integrated themes from the original content into their social-emotional training offerings and will look for opportunities to offer specialized early childhood trauma informed trainings in the future. The long term goal is to unsure that staff in early care and education settings have the skills and strategies to support the needs of child welfare involved children who have experienced trauma.

Targeted Services:

- **Early Intervention and First Connections Developmental Screening:**

The Department makes referrals where appropriate to Early Intervention and developmental screening service providers. During the calendar year 2015 RI DCYF referred 248 children to the Early Intervention program and 283 children to the First Connections developmental screening program who were involved in an indicated case of maltreatment. These referrals represent 531 referrals combined and represents a 63% referral rate of all the children birth to 3 who were indicated victims of neglect or abuse. During the course of calendar year 2015 data systems that track this population were improved and it was discovered that calendar year 2014 referral rate of 88% was inflated due to the fact that some non-victim birth to 3 siblings and associated family members were counted in the indicated/referred category. Another 355 children were referred by RI DCYF Child Protective Service (CPS) for non-indicated CPS cases. There were 34 children who were already involved with Early Intervention prior to their CPS investigation.

- **MIECHV and Early Head Start Home Visiting Services:**

As a continuation of the work of the ACF Child Welfare-Early Care Partnership and the developing Getting to Kindergarten Initiative grant staff has continued to promote and facilitate referral to the MIECHV Home Visiting programs. These programs include Nurse Family Partnership, Healthy Families America, Parents as Teachers as well as Early Head Start. During the calendar year 2015 grant staff had facilitated 85 referrals to various programs that serve the prenatal and under one-year-old population. These referrals have continued into 2016 and further strategies are being developed to utilize this resource for families where this level of care is appropriate. As of May 2016 grant staff is also working strategically to case match resources in Early Head Start for families where children age 1 to 3 years old are reunifying home with parents. These supports can add protective capacity for families and provide transitional support that can remain with the family long after formal child welfare involvement ends.

- **Neo-Natal Abstinence Syndrome Task Force:**

The Neonatal Abstinence Syndrome Task Force was developed as a part of the Governor's Task Force on Drug Overdose. With the rates of opiate abuse on the rise both nationally and here in Rhode Island the NAS Task Force has worked over the past 18 months to build interagency collaboration to better meet the needs of substance exposed newborns both in and out of the child welfare system. This task force has engaged stakeholders from a broad range community providers

and state agencies to systematically address this issue. These stakeholders include representatives from Dept. of Health, DCYF, Medically Assisted Treatment providers, OBGYN Practices, Birthing Hospitals, BHDDH (state agency responsible for adult substance abuse treatment and addiction recovery supports) and other Home Visiting and Early Childhood providers. The Task Force has developed three specific workgroups to focus on prenatal referral and supports, hospital protocols, and training for community providers. This task force will continue to be active in its work over the next year and seek to strengthen interagency collaboration to support this population. RI DCYF will continue to actively participate in the planning and implementation of this groups work.

- **Race to the Top Early Learning Challenge:**

This grant officially ended in December 2015, however, many of the activities have continued into 2016 and will continue to young children in Rhode Island.

In the coming year, DCYF expects promulgate its Family Child Care Regulations and continue working with other state agencies on the development of a data system for all early care and education in Rhode Island. In addition, Rhode Island child care centers continue to benefit from funds through RTTT to improve their physical facilities to comply with the November 2013 revised child care center regulations.

To date, the RTTT grant has produced the following accomplishments:

- DCYF's Family Child Care Regulations have been revised and are currently being reviewed by RTTT funded national experts to review and make recommendations through the lens of national best practice. Additionally, RTTT funded facilitators assisted in the revision process by leading focus groups, workshops and community meetings to gain stakeholder input.
- Over 2 million dollars in grant money provided by RTTT was awarded to child care centers through LISC (Rhode Island Child Care & Early Learning Facilities Fund) to improve physical facility issue which helped center to comply with the November 2013 revised child care center regulations.
- RTTT funded grants for Family child care homes and child care centers to purchase equipment and materials to improve educational opportunities for young children.
- RTTT funded professional development opportunities for family child care home providers and center staff through high education grants.
- RTTT funds afforded licensing staff the opportunity to be trained in playground safety classes by national recognized experts.
- RTTT funds afforded licensing staff and other state agency frontline staff to by trained in regulatory consistence, Early Childhood Assessment, Early Childhood Curriculum, and a number of other important early care and education topics
- RTTT funded the redesign of the family child care and child care center regulations.
- DCYF, DHS, DOH, and RIDE are working together, with funding from RTTT, on the development of a data system for all early care and education in Rhode Island, which would benefit state agencies, providers and parents. This work will continue with a no cost extension until December 2016.

Early Intervention Interagency Coordinating Council (ICC) Child Welfare Committee: The Department is represented on the ICC and works with members to promote understanding and better coordination of services involving children under the age of three who are involved with the child welfare system. A Child Welfare Committee has continued to meet on a monthly basis to focus attention on improving activities at the practice level between Department social workers and EI providers. The Goals of this Committee are as follows:

- Ensure coordination of services for referrals from DCYF to EI.
- Review DCYF and EI policies and staff training to ensure all children under 3 with a substantiated case of child maltreatment, who are eligible, are referred to EI.
- Improve data collection on this population as well as referrals, screening, eligibility determinations and participation in EI.
- Improve the practices of EI providers serving children in foster care to ensure providers are effectively able to address parenting practices with very vulnerable families.
- Identify the resources currently used to meet the developmental needs of children under age 3 with a substantiated case of child maltreatment who are not eligible for EI or whose families do not choose to participate in EI
- Review the state's resources available to young children under 3 who are victims of maltreatment and make recommendations regarding the feasibility and appropriateness of expanding eligibility for EI services so that all children within the child welfare system are automatically eligible to receive EI services and are contacted and encouraged to participate.

The ICC-Child Welfare Committee has continued to work on informing policies within DCYF that guide the referral process to Early Intervention services. As a result of the guidance of this group and work integrated with the Getting to Kindergarten Initiative, RI DCYF has developed a dedicated Access Database to track the referral of child welfare involved children birth to3 to the early intervention service system. These improved data collection processes demonstrated that there was a 63 % referral rate to EI services of children under 3 that were subject to an indicated incident of abuse or neglect. In the coming year, RI DCYF will support the ongoing tracking and improvement in the rate of participation of eligible children referred to Early Intervention. Coordinated efforts have also been but in place as part of the Getting to Kindergarten Initiative to refer families that are determined as not eligible for EI to other Home Visiting programs that support development and child well-being.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

The Department does provide adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services are also available for families whose children were adopted internationally. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.

PROGRAM SUPPORT

Details of DCYF's training and program support for internal staff and community organizations can be found in the attached Training Plan and supporting documents.

DCYF receives technical assistance and capacity building support from the Annie E. Casey Foundation, Casey Family Programs, and the Harvard Kennedy School of Government. In the coming year, DCYF will continue engage with these partners to receive technical assistance in our implementation and expansion of SDM and EPMs, as well as in the re-procurement of DCYF's service array.

DCYF has used its data and evaluation capacity as it has drafted RFP's during its re-procurement process. In particular, DCYF has found that our agency has relied too heavily on congregate care placements, especially for older youth. The re-procurement of services is focusing on expanding capacity of community-based programs and supports for families. In addition, the RFP's will include specific requirements that contracted providers demonstrate outcomes through evaluation and the use of performance metrics.

CONSULTATION BETWEEN STATES AND TRIBES

Rhode Island has only one Federally recognized Tribe, the Narragansett Tribe. The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all of the aspects of this State's child welfare auspices. The Department has an internal Policy (#700.0170 attached) reflective of the Federal Indian Child Welfare Act (ICWA). DCYF Administrators and the Narragansett Tribe representatives have agreed that DCYF would use its Policy relating to ICWA as a basis for a State-Tribe agreement. This policy addresses critical considerations relating to:

- Identification of Indian children;
- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
- Special placement preferences for Indian children;
- Active efforts to prevent breakup of the Indian family; and
- Tribal right to intervene in State proceedings.

As such, this Policy represents the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b). In addition the Department is also responsible for the following services and protections:

- Operation of a case review system for Narragansett affiliated children in foster care (Administrative Review Unit bi-annually)
- A pre-placement and preventative services program for Narragansett affiliated children at risk of entering foster care to remain safely with their families (Family Care Community Partnerships)

- A service program (Partners in Permanency) for Narragansett affiliated children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned permanent living arrangement
- Implement training for staff on Child and Family Services Improvement and Innovation Act of 2011 and how to conduct credit checks for Narragansett affiliated youth in their caseloads.

Department staff had multiple meetings with with Wenonah Harris, Director of Child and Family Services for the Narragansett Indian Tribe, and her daughter, Anemone Mars, to discuss ongoing relations over FFY 16. Most of these meetings were at the Narragansett Longhouse in Charlestown, RI. These meetings were used to discuss various topics, including the draft APSR, compliance with ICWA, training and the CFCIP/ETV.

Ms. Harris raised no concerns about the Department's practices and compliance with ICWA. However, the Department has formed a workgroup made up of MIS, Legal, Policy and Special projects to look into the new ICWA Regulations and ensure the Department is in compliance and continues to assess itself. We are also looking into making adjustments on RICHIST enhancements. The Department will include Ms. Harris in these discussions.

The Department will continue its collaborative efforts with the Narragansett Tribe throughout this new five year Child and Family Service Plan. The services and supports that are provided to youth in the Department's care through the Chafee Foster Care Independence Program (CFCIP) are inclusive of Indian youth. A final copy of this APSR will be provided to the Narragansett Tribe upon approval.

MONTHLY CASEWORKER VISIT FORMULA GRANT

TABLE 11. MONTHLY CASEWORKER VISITS

Monthly Caseworker Visits with Children – FFY 2007 Baseline		Total Percentage
830 children with visits / 3567 with valid placements	Worker visits with child	23.27%
902 at home visit months / 3,862 total visit months	Visit in child's residence	23.36%

The DCYF established its baseline for caseworker visits with children using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for FFY 2007 (October 1,

2006 to September 30, 2007). During this period, there were 3,567 children identified in the AFCARS file who were in placement for at least one full calendar month during FFY 2007. Of this number, 830 youth residing in foster care in-state and out-of-state were used to calculate the baseline, based on the following methodology:

- The aggregate number of children served in foster care,
- The number of children visited each and every calendar month that they were in foster care,
- The total number of visit months for children who were visited each and every month that they were in foster care, and
- The total number of visit months in which at least one child visit occurred in the child's residence.

TABLE 12: MONTHLY CASEWORKER VISITS FFY 2007-2014

	Projections		Performance	
	FTF	In Residence	FTF	In Residence
FFY 07 Baseline			23.27%	23.36%
FFY 08	25%	27%	28.12%	23.23%
FFY 09	40%	35%	37.79%	43.31%
FFY 10	65%	43%	42.82%	46.79%
FFY 11	90%	50%	57.89%	59.59%
FFY 12	90%	50%	85%	57%
FFY 13	90%	50%	81%	56%
FFY 14	90%	50%	90.10%	60.05%
FFY 15	95%	50%	90.3%	56.7%

In FY15, 90% of cases had a monthly face to face visit with 57% of those visits occurring in the child's residence. In July 2016 the monthly face to face contact was 95% and the Department feels strongly this will continue as staff has been consistently trained and supported to ensure this is threshold is met.

Under current DCYF Policy (700.0165 attached) in accordance with federal guidelines, the monthly face-to-face visit can be made by any worker to whom the Department has assigned or contracted case management or visitation responsibilities. This definition allows the Department to classify visits made by service providers, within our contracted programs, who are assigned specific roles, to conduct face-to-face visits. The monthly visit can be made by any worker that the Department has assigned or contracted case management or visitation responsibilities, including FSU Social Caseworkers, Child Support Technicians, supervisors and administrators,

Juvenile Probation Officers, Juvenile Probation and Parole Service Technicians, supervisors and administrators.

In 2016, the Department used Caseworker visit funds to purchase Speakwrite services for front line caseworkers. Speakwrite enables workers to call in their dictation and receive it back in Microsoft Word form via email. The workers can then cut and paste into our SACWIS system. Many workers have voiced this is a valuable service. In 2017, the Department is still in the planning phase and reviewing requests for proposals. However, there is strong consensus on continuing improving technological infrastructure for caseworkers.

VISITATION POLICY

The Department's policy relative to social caseworker visits with children and parents (caregivers) on their caseloads requires monthly visits by social caseworkers, juvenile probation workers, or any worker that the Department has assigned case responsibility to for all children in foster care, including children in out-of-state placement.

TABLE 13. YOUTH PLACED IN OUT OF STATE CONGREGATE CARE

Type of Placement	June 2012	June 2013	May 2014	June 2015	June 2016
Distant Out of State	7	4	9	5	3
Nearby Out of State	37	54	72	79	58
Total Out of State	44	58	81	84	61

As of June 6, 2016, there were 61 youth residing in residential treatment programs located out-of-state, a decrease from June 2015. The children placed in nearby out-of-state locations typically include placements in Massachusetts and Connecticut. These out-of-state placements are made due to the level of complex needs that the children have which are not able to be met by the in-state residential programs.

DCYF Policy states that Social Caseworkers in Family Services Units (FSU) and Juvenile Probation Officers are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in service planning;
- There are effective services in place to address areas of need identified through the initial and ongoing comprehensive family assessment and service planning process to ensure the safety, permanency and well-being of the children;

- Progress is being made towards achieving long-term positive behavioral changes outlined in the Service Plan Agreement (DCYF #032); or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement and to provide parents with current information regarding the child's education, health and development.

Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community, and culture. Frequent and consistent communication with the child and his or her caretaker is important in assessing the child's progress in placement and any ongoing issues of concern. The frequency of contact between the worker and child and the worker and the child's family is established in the Service Plan Agreement. All contacts with the child, family and caretaker must be documented in RICHIST.

ADOPTION AND LEGAL GUARDIAN INCENTIVES

The Department had no significant barriers to expending the funds we received in FY 2015. The Department received an award for $76,000 and another for $122,000 for a total of $198,000. These awards need to be expended by 9/2018. The Department received its FY 16 award for $68,660 for a total of $260,000 that needs to be re-invested in pre-post Adoption and Guardianship support and services. The Department has had an internal meeting with the Chief of Adoption Unit and the CFO around how to create new programming or expand current services (such as Wendy's Wonderful Kids for an example).

CHILD WELFARE DEMONSTRATION ACTIVITIES

On June 15, 2016 Chief Strategy Office Jamia McDonald and CFO Kayleigh Pratt met with Commissioner Lopez to discuss Rhode Island's planning. After this meeting the Administration on Children, Youth, and Families is prepared to work toward full implementation of Rhode Island's waiver demonstration project, including all three interventions initially proposed: 1) Expedited Permanency Meetings (EPMs), Director's Approval Process (DAP), Structured Decision Making (SDM). The target populations remain children in or at risk of entering congregate care and indicates the assistance we are receiving from the Annie E. Casey Foundation (AECF), Casey Family Programs and Harvard's Kennedy School Government Performance Lab. The goal of the waiver project is to reduce Rhode Island's overreliance on congregate care. This aligns with the goals and objectives of the CFSP, which seeks to right size congregate care, increase the availability of resource families, and reduce overall maltreatment.

Rhode Island will need to have both an approved Initial Design and Implementation Report (IDIR) and an approved evaluation plan in advance of the full implementation.

CONTINUOUS QUALITY IMPROVEMENT SYSTEM

The Department has created the Continuous Improvement Division, which includes Performance management, Data and Evaluation, Administrative Review Unit (ARU) and Lean Process Improvement units. This unit has comprehensive data and evaluation framework inclusive of a continuous quality improvement system. The integrated statewide infrastructure that supports data and evaluation includes:

- RICHIST – DCYF Management Information System
- Administrative Case Reviews for Family Service and Juvenile Probation cases and CFSR-like in-home reviews
- Data Analysis and Program Evaluation (comprised of DCYF staff and contracted services through Yale University's Consultation Center)
- CQI Feedback Loop through multiple channels (i.e. FSU regional and probation supervisory meetings, Child Welfare Advisory Committee, Family Care Community Partnership Board meetings, Performance Management meetings with State Partners, Monthly Data Meetings and Lean Process Improvement events)

This statewide infrastructure supports numerous data, program evaluation, and continuous quality improvement functions within the Department, inter-departmentally with other state agencies; and, externally with community providers and families served through the Department. The primary function of this infrastructure is to provide a systematic feedback loop of data for the purposes of continuous quality improvement, program evaluation, tracking and predicting child, family and system outcomes, service planning, and informing practice and policy. Among those major functions are:

1. Rhode Island Child Information System (RICHIST)

The RICHIST system generates approximately 600 automated reports for monitoring and continuous quality improvement. Selected reports are disseminated to Department staff respective of their professional responsibilities. The reports are automatically emailed to Department recipients on a monthly basis and can be graphed over time to view trends in the data. This information is used for program planning and evaluation, in particular when new initiatives are implemented. The information is also used by DCYF administrators and supervisors to make data driven decisions, track division or unit benchmarks and in staff supervision.

The RICHIST system also generates over 50 dashboard reports accessible by all Department staff spanning safety, permanency, and well-being areas (exemplars of these are end of this section.) The dashboard provides the raw data to the user as well as aggregated data, graphs and the ability to manipulate the data within the reports. The data is used by the Department, in particular, Department managers to manage programs, caseloads, and child/family services such as face-to-face monthly visits, case plans, CPS investigations, licensing, and placements. The Department continues to review the dashboards to either identify data/information gaps useful for CQI feedback and management and/or display enhancements. The Department continues to work with the Executive Office of Health and Human Services (EOHHS) Data warehouse to explore options to develop cross functional dashboards with other Agencies within EOHHS. The

strengths of the RICHIST system is the amount of information that it can generate to support data informed decision making. This strength has also turned out to be an area of improvement for the department. There is such a volume of reports and dashboards that it has become confusing for the end user to interpret in some instances. As such, we are in the process of cleaning up with reports and re-vamping dashboards to make sure the information displayed is what is needed and it is displayed in a manner that is user friendly. We have also worked through various process improvement events to adjust the windows in RICHIST so that they are collecting the most appropriate data for analysis and operational feedback. The Data that RICHIST generates serves as the basis for all of our other Continuous Improvement endeavors. We have used the information to create a strategic dashboard for the Chief Strategy Officer and this information is reviewed on a monthly basis with the leadership of the Department. This information has been critical in helping us measure whether interventions put in place are having their intended effect and share their success with staff. A good example of this is tracking the Congregate Care usage since the implementation of the Directors Approval Process and Expedited Permanency Meetings. We have also worked with Annie E. Casey Foundation to look at our bed days with respect to congregate care and the length of stay with respect to this issue.

Additionally, the Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support.

Exemplars of Reports used for CQI Purposes:

- Foster Care - Monthly List of Children who have left Relative Care and Non-Relative Care
- Victims of Sexual Abuse
- FSU - Initial Risk Assessment
- Breakdown of children at DCYF, breakdown by agency and by: age and living arrangement; race and livi
- Worker Caseload
- Unduplicated Count of Children by Demographics
- Children in Placement for 300 Days
- Psychiatric Hospital - List of Active Children
- Children in Placements with Specific Service Types
- Adoption and Safe Families Act - Children in care for 15 of the last 22 months
- Foster Care - Children who Age out of DCYF Care
- Children Discharged from Placement
- Children Reported Absent From Care

- Children Entering DCYF Care
- Children In Placement
- Removal and Discharge Episodes Dashboard
- ARU - Service Plan Review Statistics
- Foster Care - Caseworker Visits
- Indicated Allegations with a Previous Indicated Allegation w/n 6 Months
- Maltreatment in Foster Care
- CANS Population Report
- FCCP Referrals With Reopens To Department

2. Administrative Case Reviews and CFSR-like in-home reviews

The CQI operation maintains a case review process in the DCYF regions which substantially mirrors the process used in the Federal CFSR instrument. For out-of-home cases, the ARU staff have enhanced their functions to integrate into their 6 month administrative reviews CQI principles that includes a review instrument that substantially mirrors the Federal CFSR Round 2 On-site Instrument. ARU staff were trained on the CFSR-like instrument. Following training a new ARU worker was paired with a veteran worker who was already using the CFSR-like instrument. Two ARU reviewers conducted the review and rated their respective instruments independently and placed into a sealed folder. A third person reviewed the two reviews to calculate the inter-rater reliability. This same process was completed 3 times for each reviewer. As new reviewers were hired, this process was repeated. An inter-rater reliability of .75 or greater for the three trial reviews was required. All achieved a .75 or greater on the three trial reviews. ARU conducts receives their list of youth scheduled for a review. Prior to their in-person family, caseworker meeting, the ARU reviewer reviews case related data in RICHIST and populates the CFSR-like review as much as possible given the information in the case record. A meeting is held amongst ARU reviewer, Department caseworker and involved parties, such as a birth parent, foster family, and/or provider or other party the family may want to include. The meeting occurs and based on the meeting review, additional information is entered into the CFSR-like instrument. Going forward the Department would like to adopt the new Federal on-site review instrument as part of our on-going CQI process.

For in-home cases, Regional supervisors in the Family Service Units (FSU) participate in a monthly case review process which consists of randomly chosen cases using a standard supervisory review tool that mirrors the safety and well-being sections of the Federal CFSR instrument. After each supervisor reviews the case, the case undergoes a quality assurance process conducted by a third individual within the Data and Evaluation unit. The QA specialist reviews the case independently within the RICHIST system and when ratings on items disagree, the QA specialist requests the supervisor to provide additional information to support their rating. If the supervisor provides supportive information the rating is maintained. If the supervisor is unable to provide supportive information or does not respond, a notification is sent to them indicating the rating on the items in question will be changed to the rating the QA specialist believes the case record supports. The supervisor is given a week to provide supportive documentation.

Since 2011, the review instruments for both ARU and the in-home supervisory instrument has been modified to conform to specific data benchmarks that the Department must report on for its Program Improvement Plan. This new electronic form is designed to provide more CFSR-like information, reflecting the areas of safety, permanency and well-being. The form covers 27 CFSR related questions:

- One Safety section
- Three Permanency sections
- Three Well-Being sections
- One Case Review Summary section with Determinations
- One Recommendation section

This was a notable change for in-home case reviews where previously the CQI staff had a manual process for reviewing these cases, but now the process is managed electronically. The in-home case reviews are created and saved in the RICHIST system, capturing data elements individually, that were previously captured in the aggregate. This process for in-home cases also now includes Juvenile Probation.

This RICHIST automated review process was also implemented for ARU in May 2011 for out-of-home cases. The information is entered into the review form located in the ARU Case Review section in RICHIST This information is captured on an individual child/family level from the review form in the MIS system and is able to be reported in an aggregated format to provide an overview for analysis and planning purposes.

The design of this system is also to flag cases that may have serious enough issues to warrant action by the Administrative Review Officer. For example, if during the Administrative Case Review, the Administrative Review Officer (ARO) determines that an issue in the case may have serious enough implications that it requires immediate further action such as a child being at imminent risk of harm or if there is a serious barrier to permanency achievement, the Administrative Review Officer will report the issue for further supervisory review.

At the conclusion of the administrative review, the ARO informs the case worker/supervisor that the case will be flagged for further review by the chain of command. The Administrative Review Officer sends an e-mail describing the concern to the case worker, supervisor, and the Regional Director for further assessment and possible action. The ARO may discuss case concern/issues with the Administrative Review Supervisor prior to any action taken. It may be determined that the concern if documented in the review form may not require any further action other than a case recommendation. Once the Regional Director reviews the case, the decision may be made to send the flagged case to the Associate Director for further assessment. Any action is left at the Family Service level.

3. Data Analysis and Program Evaluation

Continuous Quality Improvement work is led through the RI DCYF Data and Evaluation unit. The Rhode Island Data Analytic Center (DAC) is temporarily on hiatus with transition of the system of care away from two lead networks. The Department is in the process of competitively bidding all new services, and once the new providers are established we will resume the DAC meetings. We are in the process of working on the structure and the format of those meetings in

the new system of care structure. The Data and Evaluation unit staff meet weekly to review DCYF initiatives, activities, and policy changes specific to data needs, monitoring and evaluation. Data reports on safety, permanency, and well-being are reviewed as well as program outcomes on the various programs DCYF children and families are involved with such as – Family Care Community Partnerships, Multi-systemic Therapy, Wraparound Practice, Psychotropic Medication Utilization, and on an ongoing basis new programs implemented within the service array RI DCYF families and children are involved with. Based on this work, data reports, surveillance reports and program evaluation reports are developed, disseminated, presented and posted on the RI DCYF website to inform policy, practice, program development and data driven supervision. These reports such as the Permanency Report and the Adoptions Surveillance Report have been used to inform the decision making of the leadership of the Department. For example, the information contained in the Permanency Report influenced the Departments strategic plan, which lead to the formation of cross functional workgroups to look at increasing the availability of adolescent foster care and to look at why there is geographic disparity in removal location. The Department developed 12 strategic objectives and has formed cross functional workgroups around each objective, and Data and Evaluation supports each one of these workgroups. The Data and Evaluation unit is also involved with assisting RI DCYF in applying for grants by writing the Evaluation Sections, often in collaboration with Yale University (RI DCYF contracted evaluator). In 2013 DCYF recognized the importance of developing a data analytic infrastructure and is building this capacity through the addition of epidemiologists. Our Chief of Data and Evaluation, Dr. Colleen Caron, is an epidemiologist and through federal grants we have hired two additional epidemiologists. We are in the process of hiring a fourth epidemiologist based on the availability of funding. This funding was not available last year, though we are still pursuing this option In this year's budget submission.

The DAC is a collaborative endeavor of the Department with the Yale University School of Medicine, local Family Support Agency, Neighborhood Health Plan (local Medicaid managed care agency) to provide evaluation, research consultation, and data analytic capacity for the Department divisions of child welfare, behavioral health, and juvenile corrections.

4. CQI Feedback Loop

DCYF uses multiple channels in the CQI feedback loop. Among them are

5. Bi-weekly Data Analytic Meetings

Various DCYF representatives, University staff, DCYF providers and stakeholders, family support agencies, and health plan payers meet to review data to inform practice, policy, and system-wide changes.

6. Semi-annual data meetings with Family Service Unit and Juvenile Probation

Semi-annual meetings occur in the DCYF FSU 4 regions and Juvenile Probation to share data and information specific to their region and discuss underlying factors potentially contributing to the findings and identify programmatic and systemic changes to address contributing factors

7. Family Community Advisory Boards (FCAB)

The FCAB is a statewide advisory group of the Family Community Care Partnership. The FCCP is a network designed system regionally located in 4 areas of RI to provide preventive,

community-based services aimed to maintain family preservation and divert children and youth from entering DCYF.

8. RICHIST reports and dashboards

Based on the review of data within the various forums, the Department's administration is able to implement changes where necessary to address continuous quality improvement objectives. Data is also shared with the Department's Director of Training to inform Departmental training needs.

9. PERFORMANCE MANAGEMENT MEETINGS

The Department participates in a Performance Management program which is led through the Governor's Office. These meetings occur every 6-8 weeks and focus on data around the most relevant issues the department is facing. This platform has allowed us to raise issues and make other State Agencies aware of where we need assistance on issues beyond the Department's control. An example of this is in licensing Kinship Foster Homes. The Department was able to use these meetings to share data with the Department of Health and the State Fire Marshall's Office in helping us to license homes more quickly.

10. MONTHLY DATA MEETINGS

The Department has started monthly data meetings with all Leadership present in one location to be able to get the pulse of the Department and to be able to work across Divisions to problem solve issues that arise, or to determine how to best sustain a positive trend. These meetings are centered around review of the Strategic Dashboard and in addition will have a focus topic such as Bed Days analysis, or feedback on changes made to specific reports and dashboards.

11. LEAN PROCESS IMPROVEMENT EVENTS

The Department started in earnest with the State's Lean initiative. The Department has hired an implementation aid to support these lean events across the Department. As an example, in February the Department conducted three Kaizen events in licensing to review the process on how we license homes and daycares. During this event the processes were mapped out in detail with the relevant data overlaid on the process. Then a future state process map was created with an implementation plan. This plan was then briefed to Department leadership. This process has been repeated several times in other areas, we have mapped out numerous process within the department, and the department has begun training it's employees in the basics of lean six sigma. One of the key elements in these events is fact finding, which is gathering all of the relevant data around the process. These events have resulted in a much greater demand for data and the staff's understanding of how important it is to take action on the data.

Additional Changes in the past year and plans for changes in the future

In addition to the additional CQI processes, the Data and Evaluation unit has worked closely with the Department's Children's Community and Behavioral Services in the CSBH provider record review. CSBH staff conduct an annual onsite record reviews of a random sample of provider records. The instrument developed was a collaborative effort among the Data and Evaluation unit and CSBH and includes CFSR like areas such as comprehensive assessments conducted, services put in place to meet those needs, additional permanency areas and well-being areas covering physical, behavioral and educational. Based on these reviews, the Department generates individual provider reports and aggregated reports of all providers. The

individual provider reports provide detailed information to the provider and what the Department expects to improve. The aggregated reports provide state level data and ongoing surveillance of these outcomes on a system level.

The Department has expressed the desire to the U.S. Children's Bureau and the Administration for Children and Families to become a state-led CFSR state. The Department is currently reviewing personnel needs to determine the feasibility and the most efficient organizational model to support a state led CFSR. Presently the Department has 4 ARU staff who conduct the 6-month and 18-month permanency reviews consistent with ASFA. The Family Court conducts the 12-month permanency and 24-month reviews.

Among the options to become a state led CFSR are:

1) Hire staff to conduct the case reviews and assist with the QA of the instruments. ARU continues with administrative reviews.
2) Convert the current 4 ARU staff who is already using a CFSR-like instrument into CFSR CQI case reviewers who would review a random sample of cases inclusive of the CFSR instrument and case-related interviews. To address the 6-month and 18-month reviews, the Department could explore collaborations with the Family Court.

The Department is currently working with the Family Courts to further explore option number two. If option number two is feasible, the Department would request technical assistance on becoming a State led CFSR Department.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

The Department for Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the Chafee Foster Care Independence Program (CFCIP), including the National Youth in Transition Database (NYTD) requirements and the ETV program. As such, DCYF is responsible for providing youth in foster care and formerly in foster care with youth development services and supports to help them transition to adulthood and to achieve permanency and self-sufficiency. DCYF is committed to assisting all youth who are leaving the Department's care prepare to enter adulthood successfully.

CONSOLIDATED YOUTH SERVICES PROGRAM

On July 1, 2010, the Department entered into a contract with Foster Forward for the Consolidated Youth Services Program (CYS). This program originally was a lead agency service delivery model, with RICORP as Foster Forward's principal partner, which incorporated all funding for Youth Development and Independent Living Support Services, as well as voluntary aftercare services for youth leaving DCYF care at age 18 for all populations (with the exception that youth leaving Juvenile Correctional Services are eligible for voluntary aftercare services even if they leave care between their 18th and 19th birthdays). In April 2015, RICORP notified Foster Forward that they were no longer interested in continuing their role as a subcontractor for the CYS Program. Foster Forward in turn notified DCYF and in the 3 month contract extension of the CYS Program, it shifted to a single agency model with Foster Forward as the sole identified contracting entity. The contract has since been extended to end on June 30,

2106. As part of our ongoing system transformation efforts, the Department will be extending this contract again commencing on July 1, 2016 for a period for six to nine months.

Through the CYS, DCYF provides comprehensive youth development services, directly or through access to existing services funded by other agencies, which address the permanency, employment, educational, health, relational, technical life skills and transition needs of youth who have a variety of strengths and challenges. DCYF assists each youth in achieving the highest level of education, employment, well-being, and self-sufficiency possible based on individual strengths and abilities, in preparation for permanency, independence and successful adulthood. The Department also provides adolescent support services to DCYF staff to ensure informed transition planning. In addition, CYS staff assist the Department in implementing the federal requirements of the NYTD.

The Department designed the CYS Program to ensure older youth in the care and custody of the Department, as well as youth aging out and former foster youth have the tools, resources and opportunities that will increase the likelihood that they will successfully transition from DCYF care. Services are available to all youth ages 16-21 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. Outside of the scope of Chafee funded services, the Department ensures that youth in foster care who are ages 14-15 are provided transition planning and access to appropriate supportive services through DCYF staff, foster parents and congregate care providers. Additionally, through the leveraging of over $4.6 million, Foster Forward also is able to offer some of CYS type programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as 7 and up to the youth's 24th birthday through using funds acquired through other grants and fundraising outside of the CYS contract.

The Youth Establishing Self Sufficiency (YESS) Aftercare Services component of CYS provides, either directly or through collaboration with other agencies, financial support, housing, counseling, employment, mental/physical/sexual health, food assistance, educational and other appropriate services to former foster care recipients between the ages of 18-21. These services complement a youth's own efforts to achieve self-sufficiency and assure that program participants recognize and accept personal responsibility for preparing to transition into adulthood.

The CYS Program includes the following direct and/or indirect service components:

REAL CONNECTIONS MENTORING

The goal of Real Connections is to ensure that all youth leave state care with positive, permanent adult connections and options for a successful future. Real Connections has pushed to expand the knowledge base on what works for helping older youth in care achieve permanent adult connections. While elevating its practice to meet or exceed national mentoring guidelines, Real Connections works in collaboration with the DCYF and other partner organizations to implement innovative family finding techniques to advance permanency. To accomplish this, Real Connections employs a number of strategies to identify these adults as potential mentors. These strategies include: eco-mapping, in which youth visually represent their network of connections; case recording-mining to search for mention of individuals formerly connected to the youth; and Seneca Searches an online search technology to access public records in order to locate identified connections related to the identified youth.

Real Connections is available to youth ages 7-20 (with CYS funds supporting youth ages 16-20) and employs a mentoring model to strengthen those relationships that are not immediate placement options but may become placement resources and can provide long term support. The program searches beyond immediate family members to identify extended family and "fictive kin," which could include coaches, teachers, neighbors and the other valuable community resources that are too often overlooked. If no adult connection from within the youth's own network can be identified youth are then matched with a mentor from the community. All identified adult connections undergo a 5-hour mentor training and are supported for a minimum of a year.

LIFE SKILLS ASSESSMENT AND INDIVIDUALIZED LIFE SKILLS EDUCATION

The CYS Program uses the Casey Life Skills Assessment (CSLA) to conduct Holistic Youth Assessments (HYA) on youth referred for an assessment by DCYF. This assessment tool is strengths-based and widely accepted as a best-practice model. The CSLA addresses all key transition domains, included permanency and the youth's level of confidence in their future. Other supplemental topics include education, pregnancy, parenting infants and young children, youth values, homeless youth, gay, lesbian, bisexual, transgender, and questioning youth (GLBTQ), and American Indian culture. The HYA's take place statewide in a location that best meets the needs of the youth. These locations include, but are not limited to, foster homes, group homes, or the Thomas C. Slater Training School for Youth (Training School). HYA's will only be conducted at the Training School if youth are referred for Life Skills prior to entry into the training school in order for the HYA to be completed within the designated 90 day window for completion. (As of July 1, 2012 the Life Skills Program for youth at the RITS ended and no CFCIP funds are used for youth at the RITS) While meeting with youth to conduct the HYA, CYS staff inform the young people know of other services and supports offered through Consolidated Youth Services.

Upon completion of the HYA, a score report is generated and emailed to the appropriate DCYF staff (e.g., social caseworkers, probation officers, unit managers, etc.), the HYA staff, to any other community provider identified by the youth with whom he/she is working (e.g., agency coordinating transition teams in the second phase of the DCYF system of care redesign), and to the youth. The score report indicates which domains the youth needs services and supports in (Career Planning, Communication, Daily Living/Home Management, Housing Education, Money Management, Self-care, Social Relationships, Work Life, Work and Study Skills).

CYS staff, upon request, will customize and tailor class offerings for young people who need it based on any exceptional needs or scheduling conflicts. Life Skills education curriculum comes from the Life Skills Learning Guide (Ansell Casey's companion resource), *Making Proud Choices*, "Keys to Your Financial Future" (Jim Casey Youth Opportunities Initiative) and E^2 Club Navigator (Works Wonders Initiative). Flexibility in the curriculum is ensured in order to address the youths' individual needs.

Based on findings from Life Skills program evaluations that other states have done, the DCYF, CYS staff are driving programming toward evidence based practices. In January 2013, the CYS Program adapted the curriculum and replaced its format with the evidence based Curriculum from the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care. Rhode Island is one of five states which have adapted the evidenced-based *Making Proud Choices* curriculum to the child welfare population. The Institute on Prevention

of Pregnancy and Sexually Transmitted Infection Among Youth in Foster Care, sponsored by the American Public Human Services Foundation, the National Campaign to Prevent Teen and Unplanned Pregnancy, and the Annie E. Casey Foundation provided the national support for the five selected states. The *Making Proud Choices* curriculum replaced the existing Life Skills lessons on pregnancy and STI/HIV prevention and healthy relationships. CYS staff convened a statewide Continuous Improvement Team to explore systems level activities to support the implementation of the curriculum and inform the work of the Institute. This statewide work team helped the CYS program to develop and implement the plan to roll out curriculum instruction. Since inception, 594 youth have completed the Making Proud Choices Curriculum. In FY 2016, there were 146 youth who successfully completed the *Making Proud Choices* Curriculum.

In addition to offering the interactive, evidence informed *Making Proud Choices* Curriculum to all youth who participate in life skills classes, the Department is working with the RI Department of Health (the FYSB funded Adolescent Pregnancy Prevention grantee and runs the State Personal Responsibility Education Program) and the RI Department of Education to develop an Adolescent Sexual Health Strategic Plan. The plan is currently in draft form and working its way through the each of the Departments' administrators for feedback and approval before going to Governor Gina Raimondo's office for approval. The draft strategic plan identifies Adolescents of State Concern as: Lesbian, Gay, Bisexual, Transgender, and Queer Adolescents; Adolescents with Disabilities and Special Needs; Adolescents within foster care, detained and adjudicated to the Rhode Island Training School, and Homeless youth.

The CYS Program uses the National Jim Casey Youth Opportunities Initiative "Keys to Your Financial Future" curriculum (locally known as ASPIRE) for financial education instruction. While not yet an evidence-base practice, this is deemed an evidence-informed practice and is currently undergoing the rigorous evaluation by the National Jim Casey Youth Opportunities Initiative and the Annie E. Casey Foundation to document whether it can rise to the level of evidence-based. This curriculum was adapted in 2013 and rolled out in its newest form in January 2014. The new curriculum is even more youth friendly, contains much more engaging activities, and provides youth with follow up learning opportunities related to financial management that will help inform youth about making and maintaining asset purchases.

In order to ensure youth have the greatest accessibility to Life Skills programming, Life Skills Education Classes take place in geographically diverse sites around the state on a regularly scheduled basis, utilizing community partners (libraries, churches, community centers, etc…) as well as in residential programs. Classes generally meet once a week for 3-4 hours for approximately 5-6 weeks. To date in FFY 2016, this has resulted in 16 class offerings, representing over 265 hours of life skills education at 3 separate site locations. This Life Skills Education programming included: 5 weekend courses, 4 private class sites (for agencies who serve youth who may not be able to attend in the community due to behavioral needs, etc.), and 7 accelerated courses.

Youth who complete the Life Skills Education Program receive a $25 stipend for each completed component. Youth who have also completed the Making Proud Choices curriculum receive an extra $30 stipend for taking pre and post surveys.

ASPIRE INITIATIVE [RHODE ISLAND'S JIM CASEY YOUTH OPPORTUNITIES INITIATIVE (JCYOI)]

The purpose of the ASPIRE (Aligning Savings, Permanency, Information and Resources for Empowerment) Initiative component of the CYS Program is to increase the percentage and number of older youth who achieve permanency before they would age out of care and improve the successful transition of youth in foster care to adulthood through the following strategies: develop opportunities for youth engagement; increase financial knowledge and stability; actively involve systems and partners in building education and employment supports; document results; identify and disseminate best practices, and galvanize public will and guiding policy to provide needed supports for youth. Participants receive up to 9 hours of financial education upon completion of which, they receive $100 in seed money to assist them in opening an IDA savings account. Participants are assisted with setting savings goals and are matched dollar for dollar up to $1,000 per year toward the purchase of an asset within the following categories: education, investment, health, housing, vehicle, insurance, credit building/debt reduction, microenterprise.

As of June 2014, ASPIRE participants are also afforded the opportunity to participate in one-on-one financial coaching through our Supervitamin project. Youth receive at least 8 hours of coaching to work on their financial goals and move toward greater financial capability, inclusive of increasing their credit score and savings, reducing the use of predatory banking and increasing food security.

As of June 14, 2016, there are 245 active participants in the ASPIRE Initiative with a total of 870 served since inception. A total of $1,112,756.83 has been saved and matched for the purchase of 818 assets by 307 unduplicated participants.

EDUCATIONAL SERVICES AND SUPPORTS.

The CYS Program assists youth in achieving educational success. Through Life Skills, ASPIRE and YESS, CYS staff work closely with youth and adult supporters to ensure educational success in high school, help link youth to supports and services for college preparation and access, and link youth to college support services. In addition, Foster Forward works closely with DCYF's Educational Service Coordinator to ensure students that are eligible for the DCYF Post-Secondary Tuition Assistance Program are connected to these resources.

EMPLOYMENT/VOCATIONAL DEVELOPMENT SERVICES

The CYS Program is a leader in helping to ensure youth have access to supports and services they need to be successful in career development and workforce readiness. CYS staff work closely with youth and adult supporters to ensure youth are provided the supports and services they need to enter the workforce either when they leave DCYF care or after they complete a training or educational program which meets their needs.

Separate from CYS but in large part due to the success of the CYS Program, in FFY2012, Foster Forward was awarded one of four grants nationally, out of 90 submissions, by the Administration for Children and Families to improve services to youth in the child welfare system. This award puts $2 million of federal resources through FFY2016 behind the power of Consolidated Youth Services to build a model, implement, and test the effectiveness of increasing relational competencies for youth through the world of work.

The grant, known as *Works Wonders*, serves youth ages 14-21 who are in or who have aged out of the Rhode Island foster care system. The strategy combines an educational and peer group,

Employment and Empowerment Group (E2), and support from an Employment Coach to help youth identify and engage in healthy relationships that provide on-going social support, advocate on their own behalf (psychological empowerment), and connect with the labor market (career development and employment engagement). E2 groups are co-facilitated by a trained child welfare professional and former youth in care. Foster Forward also has been a grant recipient of the Governor's Workforce Board since July1, 2015. The funds provided augment the federal *Works Wonders* funding and support paid work experiences for current and former foster youth that were part of the Works Wonders Initiative. This funding is for one year and Foster Forward has applied for continued funding in SFY 2017.

The *Works Wonders* study concluded service intervention on March 31, 2016. From project start to intervention end, a total of 130 youth completed all required program components. An additional 56 youth met the qualification for "engaged" in the project which is defined as having taken a baseline survey and attending at least four classes. Of the 186 youth who meaningfully participated in the intervention, 129 participants completed a total of 157 work experiences. 36% of those work experiences were internships, 36% were informational interviews, 18% were paid jobs, and 9% were externships, exposure events, job shadows, and other experiences. Of these experiences, 87% were paid. Preliminary findings should be available by September 2016.

ASSISTANCE WITH IMPLEMENTATION OF NYTD

As the Jim Casey Youth Opportunity Initiative agency in Rhode Island, Foster Forward has significant and positive experience in surveying youth on a regular basis. Their survey participation rate of youth in their ASPIRE Initiative (Rhode Island's Jim Casey Program) hovers around 82% twice a year. They lead our efforts in reaching out to youth for the NYTD survey.

In modifying our SACWIS, the Department provides direct access to specific components of RICHIST for designated CYS staff. This allows us to make semi-automatic referrals for Life Skills, allows CYS staff to enter Life Skills assessment and service information directly into RICHIST, provides a list of the NYTD Survey Populations for CYS and allows CYS staff to enter NYTD survey information directly into RICHIST with the youth.

YOUTH ENGAGEMENT AND YOUTH AS PARTNERS

The Voice: The Youth Advocacy & Leadership Board for the Department of Children, Youth & Families provides young adults, ages 14-24, a platform to use their experiences in out-of-home-care to create and facilitate positive change in the child welfare system. As DCYF's identified youth advocates for youth in the care of the Department, the mission of The Voice is to raise awareness of youth indicated issues within the system, and to seek to empower, educate and promote youth voice and choice, using a youth to youth approach.

ASPIRING Young Leaders Program: The ASPIRING Young Leaders Program (AYLP) was built locally in Rhode Island to mirror a national youth leadership training provided by The Jim Casey Youth Opportunities Initiative. This three-day program builds upon strengths of youth who have experienced foster care and empowers young leaders to succeed by enhancing their communication, self-advocacy, and strategic sharing skills. Budding young leaders come together to learn how to build relationships and work as a team. AYLP serves as a development program for the youth coming into The Voice. It augments and supports the mission of the work and is an example of a leveraged opportunity through Foster Forward.

Door Openers: Workshops, information sessions and other opportunities hosted by the Consolidated Youth Services Program:

- FAFSA Workshop
- DCYF Higher Ed Workshop
- Income Tax assistance
- Resume Building Workshop
- RIRAL G.E.D. Educational Program
- Reading Circles for Parenting YESS clients and their children
- Love the Skin You're in Workshop
- Mental Health Workshop
- Parenting Workshops offered through St. Mary's
- ServSafe® training
- High School Graduation Celebration
- Job Corps Tours
- Connecting ORS eligible youth with Harvest Kitchen project
- Volunteered at the Furniture Bank to get furniture for their own apartment

CYS Alumni Events & Opportunities:

- Annual Thanksgiving Celebration Dinner at the Blue Cross/Blue Shield
- Holiday Game Night
- Foster Forward Haunted House
- Trip to Lake Compounce
- Trip to Paw Sox
- Movie Night at Patriot Cinema/Movie Night at the Park

PROGRAM EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT

In addition to the NYTD requirements, the Department continues to work with Foster Forward on developing and implementing a strong, outcome-based program evaluation and continuous quality improvement component that has at its center a relational database called ETO by Social Solutions. This tool allows Foster Forward and DCYF to view data across programs and has helped to inform program improvements, practice enhancements, and has demonstrated the power and effectiveness of the CYS array of services.

CYS Case Review and CYS Management meetings are held monthly to ensure quality programming and collaboration.

DCYF's Youth Development and Educational Supports staff meet monthly with DCYF's System of Care Implementation Grant staff to encourage collaboration across programs.

YOUNG ADULTS ESTABLISHING SELF-SUFFICIENCY (YESS) – VOLUNTARY AFTERCARE SERVICES FOR YOUTH AGING OUT OF DCYF CARE

Former foster youth who leave our system at age 18 and have yet to reached the age of 21 are offered access to YESS, the voluntary aftercare services component of the CYS Program which provides participating youth assistance with room and board costs as appropriate to the individual needs of the youth. YESS Aftercare Services are solely funded using state general revenue dollars. No CFCIP funds are used for any expenses related to YESS Aftercare Services.

Since this is a state funded service, we have extended this to youth leaving the RI Training School and youth leaving a juvenile probation placement at age 18 or between their 18th and 19th birthdays. Room and Board can include rent, rental deposits and utilities (if included with the apartment) based on the identified needs of the individual youth but does not include the costs of room and board for when a youth is attending college on a full or part time basis if those costs are covered through educational funding streams such as federal grants and loans or Chafee ETV funds. This program can offer emergency assistance with food costs if necessary but generally youth are assisted in accessing income support services for which they may be eligible through other agencies.

TEEN GRANTS AND MATERIAL SUPPORTS

The Teen Grant program provides grants of up to $300 per year to young people ages 16-21 who are in DCYF-sponsored out-of-home care or who participate in the YESS Aftercare program. These grants allow teens and young adults to participate in "rites of passage" activities or purchase items that will enhance their self-esteem, promote their independence, and further develop their skills and knowledge.

Through work with Foster Forward, members of the Junior League of Rhode Island were introduced to the realities of youth who age out of foster care and some of their struggles and successes. The Junior League identified youth aging out of care as their focus for giving and volunteerism. Over the last year, Junior League members have helped collect furniture donations and furnish an apartment for two CYS participants, presented at the Works Wonders Career Night, donated 12 food baskets for Thanksgiving, and held a duffle-bag drive so that youth wouldn't have to use trash bags to move. Junior League members have also been "friend raising" by doing public awareness building for the foster care population. They created an auction fund-a-need tab to get monetary donations that they then used to buy furnishings for the apartment makeovers. Members also obtained their own grant through Fidelity to furnish CYS participant apartments with new items. The most recent apartment makeover was for a YESS client who has a child that is severely medically fragile and Katie Beckett eligible. Thirty-six Junior League members have undergone background checks and the CPS clearance process in order to be individually matched with youth to help them with their needs.

Tables 14-16 provide data on the participation in CYS subprograms for FY2012, FY2013, FY 2014, FY2015, and FY2016 through 6/14/2016.

TABLE 14. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION

	FY 2012	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016 through 6/14/2016**
Life Skills					
Referred	410	348	319	354	261
Youth completing their Life Skills Plan	144	101	202	234	129
Teen Grant					
Active Participants	257	265	228	246	244

Total Grants	$74,515.82	$73,239.29	$69,363	$64,231.49	$66,192.15
ASPIRE					
Active Participants	292	322	300	349	306
New Enrollments	125	84	79	37	54
Real Connections					
Active Participants	117	146	205	185	175
New Enrollments	84	92	48	58	37
YESS					
Active Participants	369	361	342	307	311
New Enrollments	148	98	107	103	119

TABLE 15. NYTD SURVEY PARTICIPATION (COHORT 1)

NYTD	**FFY 2011 (Baseline)**	**FFY 2013 (19-year-old follow-up)**	**FFY 2015 (21-year-old follow-up)**
Referred	221	171	171
Completed within 45 days	171	136	126
Pending Completion	N/A	N/A	N/A
Incomplete	28	35	45
Participation Rate	87%	80%	74%

TABLE 16: NYTD SURVEY PARTICIPATION (COHORT 2)

NYTD	**FFY 2014 (new 17 yr. old baseline)**	**FFY 2016 (19 yr. old follow-up) Period A***	**FFY 2016 (19 yr. old follow-up) Period B***

Referred	189	71	85
Completed within 45 days	156	60	43
Pending Completion	N/A	N/A	42
Incomplete	33	11	N/A
Participation Rate	83%	85%	51%

*ACF's records show that they count only 113 of 156 youth as being properly reported by the Department. While Foster Forward collected and entered the data within expected time frames, data programming language used by DCYF failed to include 43 records which should have been reported. This was identified by DCYF in May 2016 and we are working to correct and see if ACF will allow a corrected data set to be uploaded. The actual numbers are as follows: 60 for Period A (not 71) and 53 for Period B (not 71). Based on the 113 names in the NYTD Portal, the survey completion rate was 48 out of 60 for Period A (80%) and 47 out of 53 in Period B (88%) as of 6/16/2016.

LEVERAGED OPPORTUNITIES

The Department continues to have strong relationships with sister state agencies and community partners. This in turn has provides us, directly and through our partners, greater opportunities to provide services to our older youth. Examples of this include:

RI DEPARTMENT OF LABOR AND TRAINING (DLT) YOUTH WORKFORCE DEVELOPMENT

The Department has an ongoing collaboration with the Department of Labor and Training and DLT funded efforts in several ways. We sit as a member of the Plan Management Team for DLT's Unified Workforce Plan and the Director is a member of the Governor's Workforce Cabinet. The Department works closely with the Greater Rhode Island Workforce Investment Board and the Providence/Cranston Workforce Investment Board ensure access to Workforce Investment Act (WIA) funded programs by utilizing a streamlined application process we co-developed with those groups.

DCYF continues to be a member of DLT's grant application planning committee that solidifies federal funds from the US Department of Labor's Workforce Innovation Fund which will be utilized for the implementation of the "On-Ramps to Career Pathways. Mike Burk, Assistant to the Director and Lori DiPina sit on several committee's and task forces of the Governor's Workforce Board and DLT.

The Department continues to support DLT's efforts in developing a Career Pathways system that aligns with the Governor's Real Jobs Initiative. Real Jobs RI is a demand driven, workforce and economic development initiative that is collaborative, flexible and business-led. It is designed to ensure that Rhode Island employers have the talent they need to compete and grow while providing targeted education and skills training for Rhode Island workers. The goal of Real Jobs RI is to develop Real Jobs Partnerships (RJPs) that convene industry employers, key stakeholders and groups in partnerships that build alliances to address business workforce demands. The Career Pathways system is to align and integrate a range of public funding

streams and programs along those pathways; and create system to those pathways to enable low-skilled, low-literacy, and long-term unemployed workers to successfully access those pathways and in turn, access the private-sector training and experience needed to gain greater economic stability.

In addition, DCYF continues to collaborate with DLT and in order to streamline the application process for older youth and youth that have aged out care to the adult programs at the DLT's NetWORKri Centers. NetWORKri services such as; on-the-job training, apprenticeship, WIA approved training programs and work-readiness workshops which will increase the youth's ability to find gainful employment.

DCYF staff members continue to serve on the Governor's Workforce Board Career Pathways Task Force and the Workforce Credential subcommittee. DCYF staff also continues to participate on the Work Experience Credential Design subcommittee. DLT has adopted the National Career Readiness Certificate (NCRCPlus) employer certificate program. The NCRC Plus is an industry-recognized, portable, evidence-based credential that can prove an individual's potential to current or future employers. It scores people on a variety of foundational cognitive skills, as well as the soft skills needed to be an effective employee. In addition, DCYF collaborated with the Office of Rehabilitation in supporting the Harvest Kitchen program for foster care youth that have a disability which effects their ability to find and secure gainful employment.

The Harvest Kitchen Project is a 20-week culinary and job-readiness training program for youth. In the first 15 weeks' youth learn basic culinary arts skills and receive industry certifications. The following five weeks, youth participate in employment internships to further develop their job readiness and employable job skills. Also, the youth create a line of high-quality preserved foods using ingredients sourced from local farmers at a certified kitchen in Pawtucket. Products made in the Harvest Kitchen are sold at local stores, farmers markets and to wholesale customers.

"NOW IS THE TIME" HEALTHY TRANSITIONS (HT)

Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions: In 2014, Rhode Island's two state mental health authorities, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and DCYF collaborated on and were awarded a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). RI's award is for $1,000,000/year for 5 years. BHDDH and DCYF will develop coordinated services for youth and young adults, ages 16-25, who have, or are at risk for, developing Serious Mental Illness (SMI) and Co-Occurring Disorders (COD). The goal is to serve 2,500 over 5 years to include screening, assessment and treatment services.

In May 2016 the Department hired a full time youth coordinator for the RI Healthy Transition Grant. The youth coordinator attended the 2016 Dare to Dream Conference; has participated as a young adult panelist at the 3rd Annual Children's Behavioral Health Conference; and attended the 2016 Young Adults Experiencing First Episode Psychosis (Eastern Region) Conference. The youth coordinator has already begun working with the two pilot sites here in RI (The Kent Center in Warwick, RI and Community Care Alliance in Woonsocket, RI.)

HOUSING/RUNAWAY AND HOMELESS YOUTH:

The Department continues to take a leadership role within the state's Housing and Homelessness Prevention Community. DCYF's Director, is a member of the Interagency Council on Housing and Homelessness.
The State previously had a good working relationship with the former RHYA provider, The Urban League of RI. However, we only recently learned that BVCAP is the current provider. We do not contract with BVCAP for services but do interact with them on various committees and groups focused on youth homelessness. We are in the process of trying to find ways to work with them more closely.
The State has no vouchers so there are no efforts to support sites utilizing Family Unification Program (FUP) vouchers for youth or efforts to support the new demonstration project that allows communities to participate in a demonstration between the FUP and HUD's Family Self-Sufficiency Program.

POST FOSTER CARE MEDICAID COVERAGE

Outside of the scope of the CYS Program, the Department, through our partnership with the state Medicaid agency, the Executive Office of Health and Human Services (EOHHS), continues to provide access to health insurance coverage for youth exiting care through the Post Foster Care Medicaid Coverage Group. As of January 1, 2014 the Affordable Care Act (ACA) extended the Post Foster Care Medicaid coverage group ("Chafee Medicaid") to youth who aged out of foster care until the youth's 26th birthday became a reality. Now, any youth who left or leaves foster care on or after the youth's 18th birthday (as of January 1, 2007) is eligible for Post Foster Care Medicaid. DCYF automatically enrolls youth aging out in Post Foster Care Medicaid as soon as the youth's case closes to Family Court.

Simultaneously, the Department continues to look at the current state of healthcare coverage and services for all children and youth involved with the Department, identify the challenges to ensuring that their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges.

CONSUMER CREDIT REPORTS

Federal law requires that each child in foster care under the responsibility of the state who has attained 14years of age or older receives without cost a copies of their credit reports from Transunion, Experian and Equifax Credit Reporting Agencies. DCYF has made some strides in providing credit checks for youth in foster care that are 14 or older. DCYF's IT Department has communicated with the three credit bureaus and has developed the internal structure necessary to implement a batch reporting process with the three Credit Reporting Agencies (CRAs). The DCYF IT and Legal Departments have reviewed the three credit bureaus membership application agreements and identified potential conflicts and concerns.

The interface between our IT system and each credit bureau cannot move forward until we have a signed agreement with each CRA. We have begun this process with Transunion and sent them documents in mid-May 2016 for their review and approval. The Department has received the agreed upon contract back from TransUnion. Once signed by the Department and TransUnion the Department will begin batch testing with Transunion. The Department will also move forward with finalizing agreements with Experian and Equifax. Due to this, we have adjusted the time frame from our last APSR submission. The revised time frame is in Table 16.

TABLE 16. CREDIT CHECK IMPLEMENTATION WORKPLAN (UPDATED 8/25/16)

Activities	**June 2016**	**July 2016**	**August 2016**	**September 2016**	**October 2016**	**November 2016**	**December 2016**
Develop and Sign Transunion agreements							
Develop agreements with Equifax and Experian							
Modify Transunion batch reporting structure to include 14-15 year olds							
Test Transunion batch reporting							
Finalize policy update for documenting credit checks completed and addressing negative credit reports							
Provide credit-related training to DCYF staff & administration along with others responsible for youth in care							
Implement credit checks via Transunion for youth in foster care							
Repeat and implement process with Experian and Equifax							

2015-2019 GOALS & ACCOMPLISHMENTS

Goal 1: The Department will enter into a new CYS Program contract with Foster Forward.

- **The Department intends to procure youth development services either through re-procurement or develop other methods of procuring youth development services.**

  FFY 2016: The CYS contract was extended to end on June 30, 2106. As part of our ongoing system transformation efforts, the Department will be extending this contract again commencing on July 1, 2016 for a period for six to nine months.

Goal 2: The Department will meet the expectations of NYTD on an annual basis

- **Ensure ongoing served population reporting requirements are met (Ongoing: 2015-2019)**

  FFY 2016: Currently only CYS Program staff record services for the served population in RICHIST. DCYF's leadership has identified transition as a priority and we are working to develop a plan on how to capture the breadth of services provided to youth in the served population as a part of this focus. This plan will include specific definitions of the served population, definitions of services and mechanisms for capturing this information in RICHIST. It will include a training plan for internal and external staff who provide and/or are expected to record these services as well as how to ensure the services are connected to the youth's transition plan. The Department is also exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

- **Use data from served population reports and surveys to inform and improve practice within DCYF and with external partners (Ongoing: 2015-2019)**

  FFY 2016: There were 170 youth in the baseline, age 17. Among those youth, 38.2% were females and 61.8% were males. Seventy percent were White, 17.6% were African American, and 21.8% reported Hispanic ethnicity. The percent of youth still in care at age 19 was 17.5%. The Department is currently reviewing this before publication. The Consultation Center at Yale has provided a preliminary analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis included descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a preliminary Latent Class Analysis against service

data but the Department is still conducted quality assurance checks on the data used for this. However, the Department realized that we provided them with an incomplete data set and resent them a complete set in June. In mid-August, The Consultation Center provided us with a new draft analysis which we are currently reviewing..

- **Achieve the federally required participation rates in each reporting year.**

  FFY 2016: ACF's records show that they count only 113 of 156 youth as being properly reported by the Department. While Foster Forward collected and entered the data within expected time frames, data. Programming language used by DCYF failed to include 43 records which should have been reported. This was identified by DCYF in May 2016 and we are working to correct. ACF approved for us to make a subsequent submission of this data set and we are finalizing the accuracy of it before submitting. The actual numbers are as follows: 60 for Period A (not 71) and 53 for Period B (not 71). Based on the 113 names in the NYTD Portal, the survey completion rate was 48 out of 60 for Period A (80%) and 47 out of 53 in Period B (88%) as of 6/16/2016.

- **DCYF will continue to provide analysis and reporting of NYTD data. By January 2015 DCYF will implement strategies to address NYTD's site visit concerns.**

  FFY 2016: The NYTD Site Visit Report included 22 concerns identified by the Federal Monitoring Team – fourteen (14) of which required DCYF to take action to correct and eight (8) recommended that DCYF take action to correct. Of the fourteen (14) concerns which required action, the Department has fully implemented corrective actions on twelve (12) items. Of the eight (8) where action was recommended by not required, the Department has fully implemented corrective actions on six (6).

  The items we continue to work on are as follows (the numeration of these is based on Summary of Observations found in the NYTD Site Visit Report):

  Item 5, NYTD Element 18 – Data Collection, mapping and reporting – Educational Level (Required): Educational Level - Data Collection, mapping and reporting. The Department has modified our data mapping to provide accurate educational level reporting based on the information entered into RICHIST by our staff. However, in order to improve the quality of this data, we continue to work with the RI Department of Education on a mechanism which allows us to access this data directly from RIDE using the State Issued Student ID (SASID) number. Assuming we move forward with modifying RICHIST under the newly proposed CCWIS model and agreement with RIDE, we will include the ability to have this data provided through RIDE's student information system;

  Item 8, NYTD Elements 20-33 (Required): These data elements relate to the spectrum of independent living services on which State's are required to report as NYTD Services. Currently RI reports only on services provided through the Consolidated Youth Services contract with Foster Forward. The Department is exploring the recent intent of ACF to

provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

Item 10, NYTD Element 29 – Data Collection and Reporting - Mentoring (Required): The Department has corrected the issue identified in the NYTD Site Visit Report relative to the collection and reporting of Mentoring Services data when such services are provided through the CYS Contract. However, we still do not have a mechanism to effectively report such services outside of this contract. The Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

Item 11, NYTD Element 31 – Data Collection and Reporting – Room and Board Financial Assistance (Required): The Department has corrected the issue identified in the NYTD Site Visit Report relative to the collection and reporting of room and board services for youth open to DCYF and such services now are automatically recorded and reported as a NYTD service. However, we do not have a mechanism to collect and therefore report such data on youth who are closed and accessing DCYF supported aftercare services which include room and/or board. The Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

Item 13, NYTD Element 33 – Data Collection and Reporting – Other Financial Assistance (Required): Currently RI reports only on services provided through the Consolidated Youth Services contract with Foster Forward. We do not have a mechanism to collect and report on such data outside of the CYS contract. The Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide

us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

Item 20, NYTD Survey Data Analysis (Recommended): There were 170 youth in the baseline, age 17. Among those youth, 38.2% were females and 61.8% were males. Seventy percent were White, 17.6% were African American, and 21.8% reported Hispanic ethnicity. The percent of youth still in care at age 19 was 17.5%. The Department is currently reviewing this before publication. The Consultation Center at Yale has provided a preliminary analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis included descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a preliminary Latent Class Analysis against service data but the Department is still conducted quality assurance checks on the data used for this. However, the Department realized that we provided them with an incomplete data set and resent them a complete set in June. In mid-August, The Consultation Center provided us with a new draft analysis which we are currently reviewing.

- **Implement survey with 2nd Cohort with the goal of achieving these identified participation rates in each reporting year: 2014- 95% in care youth and 75% out of care youth; 2016 – 95% in care youth and 80% out of care youth; 2018 – 95% in care youth and 85% out of care youth**

FFY 2016: ACF's records show that they count only 113 of 156 youth as being properly reported by the Department. While Foster Forward collected and entered the data within expected time frames, data. programming language used by DCYF failed to include 43 records which should have been reported. This was identified by DCYF in May 2016 and we are working to correct and see if ACF will allow a corrected data set to be uploaded. The actual numbers are as follows: 60 for Period A (not 71) and 53 for Period B (not 71). Based on the 113 names in the NYTD Portal, the survey completion rate was 48 out of 60 for Period A (80%) and 47 out of 53 in Period B (88%) as of 6/16/2016.

Goal 3: The Department in consultation with the Child Welfare Institute will develop training plans which provides effective training opportunities to staff and community agencies in regard to working with older youth in care, those aging out or who have left care and building strong personalized transition plans.

As a part of our review of all contracts to determine the most effective way to provide services and supports to our clients and our staff, the Department decided to not extend our contract with the Child Welfare Institute and that contract ended on April 30, 2016. Three Clinical Training Specialists from CWI have returned to DCYF and form the core of our newly formed Training and Staff Development Unit. This unit is now responsible for the development of and the delivery of staff training and development services so the above Goal will be modified to remove references to the CWI in future reports.

- **Implement Incentive Training Program on Youth Development by April 2015**

- **FFY 2016:** While some efforts have been made at developing this component, no specific program has been developed. As the Department reviews our training delivery process and our training needs, we will include this in the discussion. Our intent is to develop a specific training module around youth development and working with older youth and young adults which staff could use to gain incentive credits. Incentive credits assist a staff member with increasing pay and status within the civil service system. We attempted to have this conversation with the former Child Welfare Institute but it never got off of the ground. Our intent is to begin the conversation with the new internal training unit so that we can develop and implement this.

- **Increased Training Opportunities for Personalized Transition Planning**

  FFY 2016: The Youth Development and Support Unit is working with other agency staff to develop various staff development opportunities which address the Prudent Parenting and Normalcy requirements under Title IV-E. These opportunities will include a focus on effective transition planning.

- **Training in Support of Youth Preparing for Independent Living:**

  FFY 2016: The Department is in the process of creating a prudent parenting curriculum to support the mandates of the re-issue of the 2014 Preventing Sex Trafficking and Strengthening Families Act. Lori Geiselman, DCYF Clinical Training Specialist is lead on this project. Lori has concluded a series of stakeholder focus groups to ensure the curriculum meets their needs. CYS staff, both internal, external and/or the Voice, youth advocates for youth in the care of the Department participated in all of the stakeholder focus groups to provide feedback. The projected completion date for the curriculum is expected in August of 2016.

  Table 17 below provides details of training and staff development opportunities conducted through the Child Welfare Institute prior to the end of our contract with them. This work will now be under the domain of the new DCYF Training and Staff Development Unit.

TABLE 17: YOUTH DEVELOPMENT RELATED TRAINING

Workshop Title	Overall Description/Learning Objective	# of Hrs.	Date(s)	# of Participants	Type of Participant
Core I - Adoption & Permanency *Refresher for current staff*	This is a (Refresher) Core 1 course for Seasoned DCYF Staff. During this training, participants will learn about the different permanency options for children & youth in care. Participants will also learn about the adoption process and post-adoption services.	6	11/18/2015	5	DCYF

Core I- Engagement & Bldg. Positive Relationships in Child Welfare *Refresher for current staff*	This is a (Refresher) Core 1 Course offered for Seasoned DCYF Staff. During this 3-3 1/2 hour class, participants will explore knowledge and skills related to engagement & interviewing in child welfare. They will learn different types of interviews as well as purpose & techniques.	3	12/03/2015	4	DCYF
Core I- Open Topics Classroom: Adolescent Development Within a Child Welfare Context *Refresher for current staff*	This is a Core 1 (Open Topics Classroom/Refresher Course) offered to Seasoned DCYF Staff. During this training participants will look at adolescent development as it relates to risk, safety & protective capacity. In addition, participants will consider how aspects of adolescent development influence the client/worker relationship. Participants will consider various domains that an adolescent navigates and consider these areas where abuse & neglect have been present in the youth's life. Strategies for working w/adolescents will be explored, given what we know about adolescents, including brain development, resilience and developmental milestones.	3	12/11/2015	5	DCYF
Core I - Substance Abuse Case Management, Implications & Treatment Considerations *Refresher for current staff*	This is a (Refresher) Core 1 Course offered to season DCYF Staff. Participants will be able to assess substance abuse as it relates to risk, safety, and protective capacity. Participants will identify the treatment needs of the family and its members.	6	12/09/2015	11	DCYF
Core I- When A Parent Has a Mental Illness *Refresher for current staff*	This is a "(Refresher) Core 1 course for Seasoned DCYF Staff". Participants will learn how parents' mental health impact on risk and protective capacity. Some Learning Objectives: Learn what a Dual diagnosis is; Learn impact on engagement process; Learn impact on	6	11/13/2015	17	DCYF

	Assessment, interviewing, service planning & permanency; Learn impact on Case management issues & Learn cultural implications & Resources.				
Core II - Strengthening Families: A Child Welfare Perspective	This 18-hour course, will prepare professionals to use the Protective Factors Framework of Strengthening Families in their work with children, youth, and families. This training will enable staff to develop the Core Principles of the Strengthening Families Protective Factors Framework, including • Families, as first teachers & primary protectors, are fundamental to children's optimal development; • Bldg. Protective Factors as well as reducing risk factors strengthens a family's ability to promote optimal development for their children; • Relationships within families and communities, between parents and providers, and across systems-are essential as vehicles for change; • Systematic and intentional coordination promotes healthy cross-system relationships and maximized the ability of systems to support families and children; • Shared accountability for optimal development and strengthened families functioning across broad networks of services is essential at all levels	18	12/07/2015 thru 12/21/2015	3 5	DCYF Comm
			02/03/2016 thru 02/17/2016	0 8	DCYF Comm
Core II - Trauma Informed Child Welfare Practice	This 3-Day course will focus on the essential elements of trauma informed child welfare practice. Participants will learn the knowledge and skills necessary to identify traumatic stress, understand the impact it has on child development and behavior, and develop effective strategies for intervention. This workshop will also focus on secondary trauma and self-care for child welfare professionals. This	18	11/02/2015 thru 11/16/2015	11 5	DCYF Comm
			12/01/2015 thru 12/15/2015	4 7	DCYF Comm

	curriculum is a slight adaptation of the NCTSN Child Welfare Trauma Training Toolkit, version 2.		02/01/2016 thru 02/15/2016	3 3	DCYF Comm
Core II- Sexual Orientation, Gender Identity & Working w/The LGBTQQ Community	Review of cultural sensitivity related to working with LGBTQQ population; Apply LGBTQQ perspective to various developmental stages across the life span; Increase awareness of systemic barriers & oppression and enhance skills for engagement and relationship building; and Build awareness and skills of LGBTQQ issues as it relates to working with family systems; birth families, foster families, placements, adoptive families & the youth's future.	18	02/02/2016	8 0	DCYF Comm
Other In-Service Expedited Permanency Meetings (EPM) DCYF Staff Orientation	Expedited Permanency Meetings (EPM) is a facilitated family meeting model, which engages youth, family and their supports, along with service providers & DCYF staff to review cases involving youth who are currently in residential settings. The objective is to determine whether those youth could be better served in family & community-based settings w/added supports. This training is designed to prepare front-line staff & Supervisors for their role and participation in the EPM process. The training emphasizes the values & benefits of family engagement. Focusing on the role of extended family & natural networks in helping to customize supports for youth as they safely transition to family & community. Participants will become familiar w/the EPM meeting stages & process. Staff and supervisors will explore their role before, during & after an EPM, highlighting the critical importance of preparation. The training encompasses a variety of learning/teaching techniques.	5	02/03/2016	27	DCYF
			02/04/2016	36	DCYF
Other In-Service Expedited Permanency Meetings (EPMs)	This training is designed to prepare select staff to facilitate the EPM process; a time-limited family meeting model. EPM engages youth, family and their supports, along with professionals to transition youth from residential & group placements to family based/less restrictive settings. Research shows that children have improved outcomes when they can be safely served in their own families and communities.	13	01/13/2016	14	DCYF

	This is a 2-day training. Day 1 is dedicated to the values and concepts of best practices in youth & family engagement. Highlights the critical role of the facilitator in using strengths-based facilitation to manage emotions, disagreement & conflict. Explore the need for cultural awareness & sensitivity to issues of racial inequity. Day 2 expands participants? knowledge and skills facilitating the stages of the EPM, including preparatory conversations w/youth, family & professionals				
Other In-Service Sexual Orientation, Gender Identity & Expression; Working with LGBTQQ	This is a brief overview of best practices for serving LGBTQQ Youth and Families. Participants will learn about resources, terminology, and data related to LGBTQQ and child welfare. This workshop provides a review of DCYF policy and explores best practices for serving LGBTQQ youth. Learning objectives include the following: build understanding and use of proper terminology related to sexual orientation, gender identity & expression; begin to explore LGBTQQ perspective to various developmental stages across the life span; Use data to increase awareness of risk areas, systemic barriers and oppression; understand policy and best practices that support LGBTQQ youth, build awareness of LGBTQQ issues as it relates to working with family systems (birth families, foster families, placements, adoptive families) and achieving permanency.	2	03/14/2016 03/15/2015 03/16/2016 03/17/2016 03/22/2016 03/23/2016 03/24/2016 03/25/2016	29 13 18 22 29 28 19 36	DCYF DCYF DCYF DCYF DCYF DCYF DCYF DCYF
The Commercial Sexual Exploitation of Children	The Commercial Sexual Exploitation of Children is a two hour segment of a series of courses that reflect DCYF Policy and Operational enhancements for child welfare agencies in response to the reauthorization of the Preventing Sex Trafficking and Strengthening Families Act of 2014.	2	03/14/2016 03/15/2015 03/16/2016 03/17/2016 03/22/2016 03/23/2016 03/24/2016 03/25/2016	29 14 15 24 24 31 15 8 38	DCYF DCYF DCYF DCYF DCYF DCYF DCYF Comm DCYF

The Department has a variety of policies and practices in place to train foster parents, adoptive parents, workers in group homes and case managers to support and affirm lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth. As seen above the Department provides training to both DCYF workers and community provider in the Core II Training- Sexual Orientation, Gender Identity & Working with the LGBTQ Community. In addition, there is other In-Service Training opportunities for DCYF workers Sexual Orientation, Gender Identity & Expression; Working with LGBTQ youth. In addition there is training for foster parents to address the unique issues confronting LGBTQ teens embedded in the Trauma Informed Partnering For Safety and Permanence – Model Approach To Partnerships In Parenting TIPS-MAPP which is the pre-service training designed to help prospective adoptive/foster parents understand the child welfare system and the role of being an adoptive/foster parent.

The Department also has the Sexual Orientation, Gender Identity and Expression (SOGIE) policy which strictly prohibits discrimination on the basis of actual or perceived race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status or disability or by association with an individual or group who has or is perceived to have one or more of such characteristics. The Department requires staff and service providers to respect the dignity of lesbian, gay, bisexual, transgender, queer, questioning and intersex (LGBTQQI) youth. The Department, its staff, providers, interns and/or volunteers offer services and interventions to youth without regard to actual or perceived sexual orientation, gender identity or expression. LGBTQQI youth receive fair and equal treatment in a professional and confidential manner based on Department policy, state and federal law and regulation and principles of sound professional practice, including culturally competent mental health and medical care. LGBTQQI youth are protected from verbal, physical and/or sexual harassment or assault based on actual or perceived sexual orientation, gender identity or expression.

The Department also has a **DRAFT** of a Non-discriminatory Services to LGBTQQI and Gender Non-Conforming Youth in Congregate Care policy that's in development. This policy is being developed to establish operational practices that reinforce the Department's commitment to respect the dignity of LGBTQQI and gender non-conforming youth, create a safe environment for all members of the Department and community, and ensure that all youth have equal access to all available services, placement, care, treatment and benefits. This policy applies to all employees, interns and volunteers of the Department and to employees or representatives of any agency providing services on behalf of youth in the care and custody of the Department.

Goal 4: The Department will be in full compliance with the Child and Family Services Improvement and Innovation Act of 2011 by December 2016 as outlined in the workplan in the Child and Family Services Improvement and Innovation Act of 2011 section of this document.

- **DCYF will finalize MOU's Equifax, Experian and TransUnion within the timeframes outlined in the Child and Family Services Improvement and Innovation Act of 2011 section of this document.**

  FFY 2016: DCYF has made some strides in providing credit checks for youth in foster care that are 14 or older. DCYF's IT Department has communicated with the three credit bureaus and has developed the internal structure necessary to implement a batch reporting process with the three Credit Reporting Agencies (CRAs). The DCYF IT and Legal Departments

have reviewed the three credit bureaus membership application agreements and identified potential conflicts and concerns.

The interface between our IT system and each credit bureau cannot move forward until we have a signed agreement with each CRA. We have begun this process with Transunion and sent them documents in mid-May 2016 for their review and approval. As soon as we get these back, we will finalize on our end and begin an interface and batch testing with Transunion. At that time, we will also move forward with finalizing agreements with Experian and Equifax.

Due to this, we have adjusted the time frame from our last APSR submission. The revised time frame is in Table 16.

- **Implement training for staff on Child and Family Services Improvement and Innovation Act of 2011 and how to conduct credit checks for youth in their caseloads.**

FFY 2016: The newly created DCYF Training and Staff Development Unit is aware of the need for this training and the Youth Development Unit will provide guidance on content. However, we first need to finalize how the process will work internally in terms of reviewing results from CRAs and addressing any identified credit challenges for youth.

Goal 5: The Department will engage youth and work with youth as partners in decision making.

- **The Department will continue to utilize and promote "The Voice" as the youth advocacy and leadership board for the Department.**

FFY 2016: John Scott, DCYF's Community Liaison, and now Sarah Smith, the Youth Coordinator for the Healthy Transitions Grant, meet monthly with "The Voice" as participants in their monthly meetings. This provides an opportunity for ongoing dialogue and allows John and Sarah to bring information back to the Department about youth's experiences in care. In addition to The Voice, Sarah Smith works closely with other state youth advocates to introduce the "'Now is the Time'" Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions" Grant and to discuss youth involvement in the development of a social marketing campaign for the initiative. DCYF staff involved with our Diligent Recruitment Grant (Max Fetissenko) also meet The Voice to inform them about his work and members have been incorporated into workgroups and other related discussions.

Mike Burk, Administrator for Family and Children's Services, John Scott and other staff regularly consult with members of the Voice on a variety of topics and issues.

Members of the Voice participated in the following activities:

- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association; in-person meetings 3 times per year; monthly conference calls; monthly committee conference calls; presentation to Commissioners and Directors of New England States; Committees are Normalcy and Permanency*, Education, NEYC Growth and Development

- Created and distributed holiday cookie mixes to foster families during our Holiday Gifts Distribution
- Jim Casey Youth Opportunities Initiative: Youth Leadership Institute
- Serve as youth voice for the Now is the Time Healthy Transitions Grant and with work on the development of the social marketing campaign for the Healthy Transition Project.
- Foster Youth Shadow Day at the US Capitol (One member shadowed Rep. Langevin for the Day.)
- Spoke at the Annual Foster Forward Gala
- Spoke at the DCYF Provider Summit
- Participated on a panel for several trauma-informed trainings for providers
- Created centerpieces for the Annual Thanksgiving Dinner
- Hosted a refreshment table and volunteered at the Foster Forward Haunted House
- Volunteered at the Foster Parent Appreciation Event
- Provided feedback for a Yale University survey tool on permanency and youth voice in case planning
- Participated in Yale University focus groups on permanency and youth voice in case planning
- One member has been trained as a Youth Advisor for NYTD national site visits
- Interviewed as part of PBS foster parent recruitment video
- Presented on Normalcy during the "Transforming the Care of Children and Youth in RI" conference
- Participated on a panel during the Parent Support Network annual conference
- Participated in workgroup providing feedback for Prudent Parent Standard training curriculum

Voice members continuously support and attend door-openers, focus groups, and workshop opportunities provided by CYS.

*The Normalcy and Permanency committee and the coalition have created a regional definition of normalcy and "The Normalcy and Permanency Bill of Rights" which has been approved by NEACWCD.

Goal 6: Consultation and collaboration with Indian Tribes

- **The Department will continue to build upon the active and positive relationship with the Child Welfare representative of the Narragansett Indian Tribe, which is Rhode Island's only federally recognized tribe.**
  FFY 2016: The overall relationship with the Narragansett Tribe has improved significantly over the past year. Several meetings have been held with Tribal leaders related to child welfare issues and Mike Burk, Administrator for Family and Children's Services has been involved in most meetings. Dialogue includes discussion around Chafee funded program areas and how we can ensure the needs of the Narragansett Tribe are met. Plans are now being finalized to begin a series of trainings to be conducted by the Narragansett Tribe regarding the Indian Child Welfare Act and what that means to the Narragansett Tribe. The

first such training will be conducted in DCYF Region 3 where the Tribal Reservation is located and the training will be held in the Tribal Community Center.

- Coordination Efforts: Several meetings have been held with Tribal leaders related to child welfare issues and Mike Burk, Administrator for Family and Children's Services has been involved in most meetings. Dialogue includes discussion around Chafee funded program areas and how we can ensure the needs of the Narragansett Tribe are met. Plans are now being finalized to begin a series of trainings to be conducted by the Narragansett Tribe regarding the Indian Child Welfare Act and what that means to the Narragansett Tribe. The first such training will be conducted in DCYF Region 3 where the Tribal Reservation is located and the training will be held in the Tribal Community Center.

- Equity of Benefits and Services to Indian Children: The Department's programs for older youth are available to all children and youth who meet the foster care and age eligibility criteria. This has been reviewed with Tribal representatives in the meetings with the Tribe and they have indicated they are in agreement with how these are provided.

- Currently Available Benefits and Services for Indian Children: All services and benefits provided under CFCIP and the CFCIP ETV program are fully available to Indian Youth.

- Good Fate Negotiations with Tribes: Several meetings have been held with Tribal leaders related to child welfare issues and Mike Burk, Administrator for Family and Children's Services has been involved in most meetings. Dialogue includes discussion around Chafee funded program areas and how we can ensure the needs of the Narragansett Tribe are met. Tribal representatives indicate they are satisfied with how the Department provides CFCIP and ETV services to Indian youth and that they do not wish to administer their portion of this funding directly.

- Tribal Concerns: Tribal representatives expressed no concerns regarding CFCIP or ETV directly. Their main concern for DCYF was the lack of dialogue with them which we are addressing through these meetings and joint training opportunities.

Goal 7: The Department will improve upon assisting youth in developing personalized transition plans for youth in out of home care.

- **Transition planning will begin 6 months after a youth turns 16 years of age and update every 6 months. A required discharge plan must be in place 90 days prior to being discharged from care. 35% of all youth in out of home care will have effective transition planning in place by October 2015; 60 % by October 2016; 90% by October 2017; Full compliance by 2019.**

FFY 2016: The Department currently does not have a mechanism to easily quantify this measure. We are examining all of our data measurement needs and will work to address this need. Additionally, the Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. If we determine that undertaking this project is feasible, we will incorporate mechanisms to effectively track transition planning.

- However, we are actively addressing how to improve our success in this area through an ongoing policy team meeting that includes all direct service areas within the agency in the dialogue. The Office of Education and Youth Development Support Services is currently undertaking a case review of a random sample of 50 cases to determine the effectiveness of our transition planning. This is intended to inform a pilot program to be institute within a unit with an assigned member of the Youth Development staff working closely with workers in that unit on improving transition planning. Assuming this is successful, we will develop a plan on how to implement across the agency, including how to effectively resource this effort. (This pilot will be from age 14 forward and the goal will be modified to reflect the federal requirement of starting transition planning at age 14).

GOAL 8: Ensure the safety and support of commercially sexually exploited children (CSEC) and to prevent further exploitation by utilizing a multi-dicsiplinary approach to enhance response, identification, awareness, education, restoration and recovery. Develop and implement a comprehensive State-wide program to strengthen the child welfare response to victims of trafficking.

This goal has been revised from the original goal included in the 2015-19 CFSP in order to reflect our refinement of our efforts to address the commercial sexual exploitation of children.

CURRENT ACTIVITIES:

- Completed Review existing policies, protocols and legislation used in investigations, prosecutions and victim advocacy;
- Participating in existing task forces and meetings with partners and stakeholders related to addressing Commercial Sexual Exploitation of Children;
- Updated DCYF Policy 700.0135 (formerly Runaway policy, now to be called Children Absent from Care/CSEC Policy);
- Drafted Safe Harbor legislation for CSEC victims; Submitted to the Rhode Island State Legislature for approval
- Completed standardized policies/procedures related to monitoring compliance regarding the reporting of missing children to law enforcement within 24 hours for entry into the FBI's National Crime Information Center (NCIC) and the National Center for Missing and

Exploited Children (NCMEC) as required by the Preventing Sex Trafficking and Strengthening Families Act;

- Completed standardized policies/procedures related to reporting the total number of children and youth who are CSEC victims to Health and Human Services;
- Completed a comprehensive, evidence based CSEC data collection method;
- Completed and implemented a standardized system-wide assessment tool to identify victims and children at risk of sexual exploitation;
- Improving victim treatment, services and placement;
- Providing professional training, outreach and public awareness; Provided mandatory CSEC awareness training to all DCYF employees, Provided Advanced CSEC training to CPS workers (CPIs and Intake workers). "Train the Trainer" CSEC instruction scheduled for August 2016. Working in collaboration with Day One to provide CSEC awareness training to law enforcement, courts, providers, hospitals and the general public.
- Developing a DCYF sponsored informational website and 24 hour contact telephone number to identify/locate/assist potential CSEC victims.
- In the process of hiring a CSEC Coordinator
- Submitting grant proposal for $1.25 million to self-sustain the CSEC program and computer system upgrades in RICHIST for (5) years. "Grants to Address Trafficking within the Child Welfare Population - HHS-2016-ACF-ACYF-CA-1179"

TABLE 18. CFCIP FFY 2016 BUDGET

FFY 2016 Allocation		$579,452
Revenue/Expenditure Description		**Amount**
Consolidated Youth Services		$579,452
IL Coordinator/Youth Development Support		
Audit		$378

TABLE 19. CFCIP 2015 ALLOCATION

FFY2014 Allocation	$586,562
Revenue/Expenditure Description	**Amount**
Consolidated Youth Services Program	$586,562
IL Coordinator/Youth Development Support	
Audit	$ 328

It should be noted that the total annualized budget for the Consolidated Youth Services Program for FY 2016 is $2,455,702 with $579,452 of this funded through CFCIP funds and $1,876,250 of this funded through State General Revenue funds which is dedicated to YESS Aftercare Services. The additional CFCIP funding in each program year is used to support salaries and administrative costs associated with staff working to provide continued youth development support.

CHAFEE EDUCATION AND TRAINING VOUCHER PROGRAM

Rhode Island's commitment to ensuring that foster care and former foster care youth have access to postsecondary educational opportunities continues to grow and expand while at the same time we are addressing some of our shortfalls. ETV funding can be used for any postsecondary educational and training program that is approved by the US Department of Education for Title IV student assistance programs with a cap of $5,000 per student per academic year. Our Federal Fiscal Year (FFY) 2015 allocation was $189,536. Our ETV allocation for FFY 2016 was $188,033 which represents a decrease of $1,503.

Our DCYF Higher Education Grant Program funding, an annual allocation of $200,000, can be used only for full-time students attending one of Rhode Island's three public higher education institutions – the University of Rhode Island (URI), Rhode Island College (RIC) and the Community College of Rhode Island (CCRI). There is no per student cap on these state funds at this time. In FFY 2016, sixteen (16) students received state funds totaling $106,988.

Youth and young adults interested in receiving postsecondary educational funds must complete their FAFSA and a DCYF Postsecondary Education Tuition Assistance Program application. Although DCYF has a June 1st application deadline, DCYF continued to accept applications until January of 2016. The eligibility criteria for each of the subprograms (DCYF Higher Education Opportunity Incentive Grant and ETV voucher) are based on state and federal laws and regulations and are clearly articulated in the application. Youth who have been placed in subsidized guardianships or adopted on or after their 16th birthday are eligible for ETV funding. The Department treats all funds under this program as the funding of last resort after all other non-loan funding sources (e.g., Pell Grants, scholarships) are considered and uses funds only to cover further unmet need to the extent possible based on available funds and the total number of youth participating.

The Department, continues to utilize the Office of Post Secondary Education's Division of Higher Education Assistance's, web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application for the 2015-2016 academic year. This system allows for retrieval of cost of attendance and financial aid package information from the schools the students are attending so that we can have a true sense of the student's unmet need.

The 2015-2016 Academic Year was our fourth full year of using this system and we continue to work to find a level of comfort in balancing the funds committed at the start of the year with the attrition rates of students by the conclusion of the year. For the past two years, DCYF provided each student with funds to cover 80% of their unmet need unless they were eligible for the ETV funds only and hit their $5,000 annual federally mandated cap. For the 2015-2016, academic year, 193 youth applied for funding and, of those applicants, 44 youth actually attended school and received funding. This assistance totaled $295,021.00 from all funds [ETV - $188,033; DCYF Higher Education Funds - $106,988]. ETV awards ranged from $834.00 - $5,000.00 and

DCYF Higher Education Awards ranged from $626 - $21,050. We anticipate our percentage for the 2016-2017, academic year to be between 60%-80% of unmet need.

The following chart shows the actual participation rate for the 2015-2016 Academic Year.

TABLE 20. DCYF POST-SECONDARY GRANT FUNDING FOR ACADEMIC YEAR 2015-2016

Postsecondary School Attended	Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and Training Voucher Grant Funds	Students Receiving Federally-funded Education and Training Voucher Grant Funds Only	Total Number of Student Participants
Brandeis University (MA)	0	1	1
The Community College of Rhode Island (CCRI – RI)	1	4	5
Johnson and Wales University (RI)	0	3	3
Motoring Technical Training Institute	0	1	1
Mount Ida (MA)	0	1	1
Rhode Island College (RI)	6	8	14
Savannah College of Art & Design	0	1	1
Universal Technical Institute	0	1	1
University of New England	0	1	1
University of Rhode Island (RI)	9	6	15
Total Student Participants	16	27	44

2015-2019 OBJECTIVES & ACCOMPLISHMENTS:

- **Identify a mechanism and/or formula to institute a per student per year maximum award amount in order to meet the needs of the greatest number of youth with the available funding.**

The Department will continue to monitor this issue and determine if such a cap is necessary.

***FY 2016*:** Ongoing

- **Continue to increase outreach to youth in postsecondary programs who have aged out of care to ensure that they can continue receiving financial supports for their educational program.**

There is much crossover between youth involved in our YESS Aftercare Services Program and youth attending post-secondary educational institutions. YESS case managers are used often to ensure outreach to young adults. As well, with our new web-based application system, we now have current email addresses on all youth attending school and use that to communicate with them. Additionally, our CYS program provides updates via their Facebook page.

In addition, the Office of Post-Secondary Education sends out e-mail blasts to all past DCYF Post-Secondary applications reminding them to submit their DCYF applications. DCYF also posts information regarding eligibility and how to apply for Higher Education funds on the state website and Facebook accounts.

Additionally, the DCYF Educational Services Coordinator identified and sent e-mails to social workers with the names of students still in foster care and eligible for the Post-Secondary Tuition Assistance program. The DCYF Educational Services Coordinator will monitor these students and remind social workers to have the student submit their DCYF Post-Secondary application. Information is also provided to Regional Directors, RITS Deputy Superintendent, and the Administrator of Juvenile Probation. Announcements and information is also shared during the statewide meetings such as the RI Transition Council and RI Special Education Advisory Council (RISEAC).

DCYF is in the process of solidifying a new MOU with the RI Office of Postsecondary Commissioner – Division of Higher Education Assistance (DHEA). As part of this MOU, DCYF is proposing to mainstream the application and eligibility determination which will allow DCYF to create an account for each eligible student. DHEA will compare this data to Free Application for Federal Student Aid (FAFSA) applicants and will indicate any DCYF eligible youth who have complete their FAFSA as active participants for the academic year. Students will continue to be able to view their application and award status, including award amounts when finalized and payments made to their schools.

- **The Department will continue its work on developing and implementing stronger support systems at the public and private post-secondary schools and will develop as part of our Adolescent Development and Educational Supports training program through the CWI components related to enhancing youth success in the post-secondary arena.**

FY 2016: In 2014, DCYF partnered with Rhode Island College's (RIC) Learning for Life Program. Learning for Life provides supports for students while attending RIC to help them successfully transition to college. In the 2014-2015 academic year, every young adult who applied for the DCYF Post-Secondary Tuition Assistance Program and identified RIC as their school choice, received an email from the DCYF Educational Services Coordinator explaining the benefits of the Learning for Life Program. Also, in April of 2016, DCYF and RIC outreached to all DCYF students attending RIC for a meet and greet function in order to promote the

Learning for Life Program. Students were able to express their challenges and were provide information regarding other college support programs. YESS Aftercare staff were also in attendance and plans are underway on how these two entities can collaborate and enhance supports to students while enrolled in YESS Aftercare and attending RIC. The DCYF Educational Services Director will also schedule campus meetings with DCYF Higher Education recipients to ensure that they understand their awards and address any challenges they might encounter.

In 2015, the DCYF Educational Services Coordinator joined and is still serving on the Learning for Life Program Board.

Similar collaborations are underway with the University of Rhode Island and the Community College of Rhode Island.

- **Continue to increase the role of the DCYF Higher Education Advisory Board in identifying and leveraging additional resources for youth (Ongoing: 2015-2019)**

The Department views the expansion of this role as critical to our ability to outreach more effectively to youth to ensure that they are able to access necessary and appropriate supports while attending college.

Although the Higher Education Advisory Board has not yet convened, RIC, URI and CCRI have committed to working with DCYF to identify and leverage resources for youth in care. DCYF anticipates convening this Education Advisory Board in the 2016-2017 academic year.

- **Identify and collaborate with existing community organizations to help educate youth on high school and college expectations.**

DCYF and Division of Higher Education Assistance are also proposing to expand services to include career exploration, college planning and college prep workshops. Career Exploration and College planning will be primary done through DHEA WaytogoRI portal. WaytogoRI has been adopted by many Rhode Island School Districts which assists in the development and guidance of Individual Leaning Planning for middle and high school students.

DHEA will also establish DCYF as an entity which will allow DCYF staff to access students' information and provide a more comprehensive tool to encourage and monitor student goals, assist with career planning, college searches and applications.

DHEA and DCYF will collaborate in developing a series of annual workshops/trainings in regard to college planning, application processes, financial aid opportunities (including scholarships) and FAFSA completion.

FY 2015:

Financial and Statistical Information Reporting

FFY Year 2015–	Chafee - $586,562	expended $586,562
	ETV - $189,536	expended $189,536

Table 21. Annual Reporting of Education and Training Vouchers Awarded

	Total ETVs Awarded	**Number of New ETVs**
Final Number: **2014-2015 School Year** (July 1, 2014 to June 30, 2015)	48	29
2015-2016 School Year* (July 1, 2015 to June 30, 2016)	44	24

FUND ADMINISTRATION

DCYF's application process is now all web-based with the RI Higher Education Assistance Authority with award determinations made based on the youth's unmet need after considering the cost of attendance for that youth and other financial aid awarded. For the 2014-15, academic year due to the large number of applicants choosing to not attend in FFY 2013-2014, the Department increased our award percentage for academic year 2014-2015 to 80% of unmet need.

The Educational Services Coordinator verifies applicant eligibility by examining the youth's record in our RICHIST system, which includes ensuring they meet citizenship/immigration status requirements to receive ETV funds.

STATISTICAL AND SUPPORTING INFORMATION

CHILD MALTREATMENT DEATHS

The Department uses information from its Child Protection Services (CPS) Investigation Division, Departmental investigations, Medical Examiner's Office, Department of Health's vital statistics, law enforcement agencies, hospitals and other medical care providers as appropriate, as well as the Child Advocate's Office and child death review forums. Information from these entities is utilized by DCYF in reviewing child fatalities. The Department recently drafted revisions to its child fatality review policy to provide additional details about the Department's process and timeline for reviewing child fatalities (See Appendix C).

INTER-COUNTRY ADOPTIONS

In FY 2015, there were no children that entered state custody due to disruption or dissolution of an inter-country adoption.

TARGETED PLANS

The Healthcare Plan and Disaster Plan on file with the CFSP required significant changes and are both attached to this document. There were no disasters during this reporting period.

No changes or additions were made to the Foster and Adoptive Parent Plan on file with the CFSP. The Department does not have any policies that limit its ability to recruit foster and adoptive families that reflect the diversity of children in care. The Department has no concerns about the practices of contracted service providers at this time.

FFY 2014 STATE EXPENDITURES AS COMPARED TO FY 1992 BASELINE

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately $3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2014, the Department minimally allocated $3.5 million in general revenue funds for ongoing family support and preservation services. These funds support services such as the Family Care Community Partnerships, family stabilization services, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These community-based services also provide necessary care and intervention for families whose children are experiencing behavioral challenges and may be at risk for out-of-home placement.

ALLOCATION OF FUNDS

In this APSR, the Department is requesting an allocation of $822,925 in Title IV-B, part 1 funds, and an allocation of $885,063 in Title IV-B, part 2 funds. Additionally, the Department requests $55,750 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of $114,217 in CAPTA funds. The Department is also requesting $586,562 in funds through the Chafee Foster Care Independence Program, and $189,536 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts and through the planning for the Chafee Foster Care Independence Program.

TITLE IV-B, PART 1 APPROPRIATION

The Department of Children, Youth and Families anticipates receiving $822,925 in FY 2017 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; and adoption promotion and support. These service needs have continued to be identified through the planning process for the Child and Family Service Plan.

TITLE IV-B, PART 2 APPROPRIATION

The Department anticipates receiving an allocation of $885,063 in Title IV-B, Part 2 funds for FY 2017. These funds will continue to support the Department's initiatives in compliance with

the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 23% of the appropriation; family preservation services will be allocated 20%; time-limited reunification services will receive 22%; and, adoption promotion and support programs will receive 21% of IV-B, Part 2 funding. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice. There is an additional $111,110 under Other Service Related Activities. The Department is currently in discussions with the Children's Bureau about how these funds will be utilized.

CHILD ABUSE PREVENTION AND TREATMENT ACT APPROPRIATION

The Department anticipates receiving $114,217 in FY 2017. These funds continue support for the Citizen Review Panel, and are being used in the maintenance of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has a contract with an Early Intervention Program to provide a registered nurse working as a co-location liaison with the Child Protective Services (CPS) investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether referrals of children under the age of three should be made to other early child development and family support programs within the community.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM APPROPRIATION:

The Department anticipates an allocation of $586,562 in the CFCIP allocation, and $189,536 in Educational Training Vouchers (ETVs) in FY 2017. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency; receiving the education; training and services necessary to obtain employment; prepare for and enter post-secondary training and educational institutions; provide personal and emotional support to youth through mentors; and continuing to provide additional appropriate support and services for youth leaving the child welfare system.

MONTHLY CASEWORKER VISITS PROGRAM APPROPRIATION:

Unfortunately, the Department lost the 2014 funds of $55,059 due to an oversight in Administration of the funds. The Department anticipates an allocation of $55,750 in the MCV funds for FY 2017. In 2016, the Department used the 2015 funds to purchase Speakwrite services for front line caseworkers. Speakwrite enables workers to call in their dictation and receive it back in Microsoft Word form via email. The workers can then cut and paste into our SACWIS system. Many workers have voiced this is a valuable service. In 2017, the Department is still in the planning phase and reviewing requests for proposals. However, there is strong consensus on continuing improving technological infrastructure for caseworkers.

OTHER EXPENDITURES

The Department has resubmitted a request to be approved for a Title IV-E Demonstration Waiver. In that request, we indicate the need to recalculate our fiscal assumptions so at this time we cannot provide any fiscal amounts relative to this proposal.

Rhode Island received $74,483 in Adoption Savings in FFY 15.

The 'Diligent Recruitment of Families for Children in the Foster Care System' (HHS-2013-ACF-ACYF-CO-0593) grant is for $2-million over five years ($400,000 per year) for Diligent Foster Care Recruitment. The Department has titled this initiative A Family for Every Child. The objective of this grant is to increase the number of resource families – including kinship, foster, concurrent and adoptive – by 30 percent by the end of the five year period. This effort will provide additional needed resources to assist the waiver demonstration efforts by providing a broader array of family homes for children/youth who are transitioning from congregate care settings to a lesser level of care, but not yet ready to reunify if that is the permanency goal. The Department has recognized that the lack of appropriate family homes has posed a problem for keeping children out of congregate care. We expect that the increased capacity that is planned for these resources will be effective in averting children/youth from being placed into a group home or other congregate care setting.

The Trauma Focused Care grant is a Cooperative Agreement with the Children's Bureau for $2.5 million over five years ($500,000 per year) to establish an integrated model of service delivery and workforce development that is infused with staff competence in adoption and trauma-informed practice. This effort is designed to address the needs of children and youth awaiting adoption, with a special focus on the appropriate use of psychotropic medications through the development of a universal trauma screening and assessment process. There will be training and support for the provider community to increase the number of behavioral health and child welfare providers trained in evidence-based trauma screening, assessment and treatment models. There will also be training and support for families (birth and resource parents and kinship families) around management of trauma-related behaviors and accessing available trauma treatment and pre-and post-adoption support services. This initiative, known as Adopt Well-Being Rhode Island: System Transformation After Trauma help to strengthen the child welfare system and provider community to enhance our collective ability to support adoptive families and address the needs of the children and caregivers more effectively to prevent children from requiring residential placement and re-entering the child welfare system.

The Department received the System of Care Expansion Implementation grant awarded in federal fiscal year 2013 by the Substance Abuse Mental Health Services Administration (SAMHSA). This is a $4-million Cooperative Agreement over four years ($1-million per year). This grant is assisting the Department in establishing the infrastructure necessary to support the system of care by facilitating an integrated approach to financial planning, data collection and analysis, and program development across the state agencies responsible for children and families. The data will assist in identifying effective community-based strategies that reduce the utilization of costly and restrictive out-of-home placements, including psychiatric hospitalization. This grant resource also supports the inclusion and involvement of children, youth and families with Youth/Family Peer Mentors helping to develop outreach and advocacy roles, and with family organizations conducting satisfaction surveys ensuring that families feel empowered to advocate for themselves in relation to their service needs.

The Department has no payment limitations to report relating to IV-B, Part 1 funding for any services relating to child care, foster care maintenance, or adoption assistance in reference to FY 2005. The Department did not allocate IV-B, Part 1 funding for these services in FY 2005, and has not used IV-B, Part 1 funds for this purpose as these services are supported with general revenue. In FY 2005, the DCYF expended $2,838,725 in general revenue on services associated with foster care maintenance, as defined in Section 475(4) of the Act. Rhode Island did not use any State funds spent on foster care maintenance as match for IV-B, Part 1 in FY 2005.

CFS 101, PART III FUNDING DIFFERENCE IN ESTIMATED TO ACTUAL EXPENDITURES

The Department fell short on the estimated expenditures to the Adoption Promotion and Support Services under Title IV-B Subpart II. There are several factors for this one being a large portion of the Part I dollars went into Adoption Support and the state found many families needed reunification services. The Department met the required 20% minimum expenditures for the other Title IV-B Subpart 2 categories: Family Preservation Services, Family Support Services, Time-Limited Family Reunification Services.

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This document will be posted on DCYF's website:

www.dcyf.ri.gov

The 2016 APSR can be found here:

http://www.dcyf.ri.gov/FCCPTogetherRI/2016_APSR_FINAL.pdf